MARYLAND STATE DEPARTMENT OF HEALTH 862 PARTITION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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o. COUNTLLEG	ANY	MARYLAN	TATE	here deceased lived. If institut LAND b. COUNTY	ian: Residence before admission)
RURAL and give	RLAND. MD.	4 DAYS		autside carporate limits, write l	
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital AP)	MTCKIORS MEMORIAL AVES.	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ANNIE	ELIZABETH	ABE.	4. DATE MOI OF AUGUS	
FEMALE	WHITE	MARRIED NEVER MARRIED DIVORCED	10-24-1887	9. AGE (In years last birthday) 72 yrs.	Months Days Hours Min.
Hous	TION (Give kind of work don- orking life, even if retired)	e 10b. KIND OF BUSINESS OR IN	WEST V	IRGINIA	U. S. A.
13. FATHER'S NAME GEO	RGE W. GLOYD		JEN	INY LARGENT	
15. WAS DECEASED EN (Yes. no. or unknown)	VER IN U. S. ARMED FORCES (If yes, give war or dates of service		MEMORIAL HO	SPITAL , CUMBE	RLAND, MD.
OR CONTRIBUTION	immediate DUE TO g the under (c) THER SIGNIFICANT CONDIT	Orteria DO IONS CONTRIBUTING TO DEATH LESTINAL OB D. DESCRIBE HOW INJURY OCCUP	druction	. Etidogy W	VEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJU Hour o. m p. m	1.	20d. INJURY OCCURRED 20e. While Nat while of wark at wark	PLACE OF INJURY (Hame, farr factory, street, office bldg., etc	m, 20f. (City or town)	(Caunty) (State
	nat (1) (this haspital) a ased alive an	ittended the deceased framework of the control of t	ATTENDING	PM, fram the causes at STAFF PHYS.	nd an the date stated abave
22c. PHYSICIAN'S NAME (Type)		WILLIAMS		SOUTH CENTRE S	T. CUMBERLAND. MC

may be retained by the hose of attending physician.

D. FUNERAL DIRECTOR: After an scerificate has been signed by the attending physician and completely filled in by the funeral directors as a strength of the second page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING, PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. moy be retained by the host VR A15 (4) 1SM 9/S9

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TO FUNERAL DIRECTOR: After

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH A	LLEGANY	MARYLAND	2. USUAL RESIDENCE (VO. STATE WEST VIRO	Where deceased live	d. If institutio b. COUNTY	n: Residence befo	ore admission)
RURAL ond give n		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	f outside corporate	limits, write RU	JRAL and give ne	arest town)
	CUMBERLAND TAL (MEMORTAL SINGBE L & WARWICK AVE		d. STREET ADDRESS		85/	13	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JOHN	Middle WILLIAM	ALLEN	4. DATE OF DEATH	Month AUGU		3 19 60
MA LE	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8-20-1891	l s	GE (In years birthdoy) yrs.	Months Days	R IF UNDER 24 HR Hours Min.
Oa. USUAL OCCUPATION during most of wor Labore	ON (Give kind of wark done lob. rking life, even if retired)	KIND OF BUSINESS OR INDU	30	te or foreign countr	y)	12. CITIZENO	A .
3. FATHER'S NAME			14. MOTHER'S MAIDEN				
FELT	TON ALLEN		LIZA BO	XX			1141
S. WAS DECEASED EV (Yes, no. or unknown)	(If yes, give wor or dates of service)	. SOCIAL SECURITY NO. 17. II	MEMORIKAL HOS	SPITAL, CU	Addre JMBERLA		
Conditions, if a gave rise to cause (o), stating lying cause last.	immediate DUE TO	CONTRIBUTING TO DEATH BUT	Vastu	MINAL DISEASE CO	DU SU	COLL (S)	1 10 WAS AUTOP
CATIC				Thereby			PERFORMED? YES NO
	AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	in Port I of Part II a	r irem is.)		
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Year 20d. 1 While at wo	Not while fa	ACE OF INJURY (Home, fa actory, street, affice bldg., e		own)	(County) (Stot
21. I certify the	at (1) (this haspital attenuated alive an		death accursed 50 A	MM, from the	causes and		hat (I) (we) la e stated abav
22o. SIGNATURE	Miller	ins fo		MED. S DIRECTOR P	TAFF HYS.		22b. DATE SYGNE
22c. PHYSICIAN'S NAME (Type)	W.F. WILLIAMS	YVillean	22d. ADDRESS 122 SOU	TH CENTRE	ST.,	CUMBERLA	ND, MD.
23a. BURIAL, CREMATION PEMOVAL (Specify BURIAL)		23c. NAME OF CEMETERY C	OR CREMATORY	Paw P	aw, (Mo		(State) W. Va.
24. FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR		TRAR'S SIGNATU	
PARKS FT	INERAL HOME,	Berkeley Spg	S. W. VAMEA	UG 15 '60	ant	hun S. Kran	ud

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-E	BALTIMORE,	18
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a. C	CE OF DEATH OUNTY LEGANY			MARYLANI		o. STATE	RYLAN		l lived. If instit b. COUN	TY	LLEG		ion)
b. C	ITY OR TOWN (IF JRAL ond give ned CUMBER)		ts, write	c. LENGTH OF STAY IN 1	0	7	OWN (IF O		rote limits, write	RURAL ond	give nec	rest town)
d. N	SACRED I	AL (If not in hospital, g		oddress)		d. STREET A	DDRESS	ON ST.					FARM?
DEC	AE OF EASED e or print)	LOUIS	st	Middle RILEY	В	Losi AKER		4. DATE OF DEATH		lonth IGUST	Do	'	Yeor 19 60
5. SEX	ALE	6. COLOR OR RACE	7. MARR	D DIVORCED	2	TAN. 7	. 190		9. AGE (In year last birthdo)		Days	IF UNDE Hours	R 24 HRS. Min.
		N (Give kind of work on the life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPL		Savag	11		USA	WHATC	OUNTRY?
13. FATI	HER'S NAME		Abded	AND A COMPANY OF A COMPANY		. MOTHER'S		O COLUMN WATER	- LU 222117				
	ARTHUR BA	AKER (DECE	ASED)		1	MARY B	RIDGE	S (DF	CEASED')			
15. WA: (Yes, no, no	S DECEASED EVER or unknown) (I	IN U. S. ARMED FOR f yes, give war or dates of s	ervice)	SOCIAL SECURITY NO. 13-10-7057		MANT AT TENT	S CHA	RT	A	ddress			
CERTIFICATION (IE)	onditions, if on over rise to im use (a), stoling ting couse lost. PART II. OTHI ACCIDENT WAS CONTRIBUTING CONTRIBUTING	ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	ONTRIBUTING TO DEATH I	RRED. (Er	Music nter noture of	F injury in P	art for Port	J Vace. Il of item 18.)	Quea	RT 1(a) 1	PERFO	AUTOPSY RMED? NO 🍱
WEDICAL 20c.	TIME OF INJURY Haur o. m. p. m.	' Month, Doy, Ye	While	Not while at work	foctory,	OF INJURY (I street, office	Home, form, bldg., etc.	, 20f. (City	or tawn)	(County)		(State)
AC SIG PH'NA	TUAL NATURE	at I attended the 7/3/ LIAM P, IAM 1/20b. DATE THEREC	19 (P) MES, 1	and that dec	M.D.	<u> </u>	5:55A	ENTRE	the causes of	vn, stote) IMBERIA	e date	stated DAT 8/2/	d abave. E SIGNED 60
	HOVAL (Specify)		1102	Mt. Savage	Met			Mt. S	RAR 24b. RE	Maryl GISTRAR'S SI	GNATUI	RE	
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Committee (

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

-	0000	CERTIFICA	IE OF DEATH		
1	PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE Marylan)	teased lived. If institutions Resider b. COUNTY A	ce before admission)
	b. CITY OR TOWN (If autside carporate limits, RURAL and give nearest town) Cumberland	c. LENGTH OF STAY IN 16 7/6/60	c. CITY OR TOWN (If autside of Cumberle	carporate limits, write RURAL and	give nearest tawn)
1	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Allegany C	e street address) ounty Infirmary	d. STREET ADDRESS 789 Fay	ette Street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type ar print) Car	rie Allen	Birchard 4. DA		31, 19 60
	Female White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 11/15/1872	last birthday) Manths yrs.	TYEAR IF UNDER 24 HRS. Doys Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of work da during most of working life, even if retired) Housewife	Own Home	Cumberland,		U. S. A.
1	13. FATHER'S NAME William A	llen	14. MOTHER'S MAIDEN NAME Mary Hamb:	ni sht	
	15. WAS DECEASED EVER IN U. S. ARMED FORCE Its, no. or unknown) NO	ES? 16. SOCIAL SECURITY NO. 17. II	NFORMANTP.O.Box 50	99 Address Cu	mberland, Mo
	June Dune	Chronic Chronic Chronic Chronic Chronic Chronic Chronic Contributing to Death But Challed Colon Describe How Injury Occurre	crteriosce	al Sequeral British in par SEASE CONDITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20g. TIME OF INJURY Manth, Day, Year Haur o. m. p. m. 19	20d. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in Part I a ACE OF INJURY (Hame, form, 20f. ctary, street, office bldg., etc.)		County) (State)
	21. I certify that (I) (this haspital) saw the deceased alive an 8/3 220. SIGNATURE	1/60 19 and that	M.D. ATTENDING MED. DIRECTOR	am the causes and an the	9/1/60 22b. DATE SIGNED
	Burial (Specify) Sept. 3,19			ocation (city, town, or county) Cumberland, Md.	(State)
	24. FUNERAL DIRECTOR'S SIGNATURE Byron Kight	ADDRESS Cumberland, Md.	250. REC'D BY RE	25b. REGISTRAR'S SIG	10

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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A)	1. PLACE OF DEATH o. COUNTY	A:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany llegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 1 Month Frostburg Lonaconing d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Douglas Avenue Miners Hospital YES NO NAME OF Middle DATE Month Day Year DECEASED Seggie Eva Boettcher DEATH August 60 (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Female White DIVORCED | WIDOWED TO January 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Lonaconing, Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Seggie Elizabeth Lindsev IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT William Boettcher Lonaconind, Md. no "Son" 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work 1959, to AUG. 14, 1960, that (1) (-) last 21. I certify that (1) (this hospital) attended the deceased from. July saw the deceased olive on Aug. LY 1960 and that death occurred at LM, from the causes and on the date stated above. 220. SIGNATURE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR | 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) " BROBDWAY -ROTHSTEIN MIDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stole) 0ak Cemetery Lonaconing, Md. 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Lonaconing, George Eichhorn Orthur S. Kraus DATE AUG 2 2 '60

FUNERAL DIRECTOR: page 3 sh the State moy 10 VR A15 (4) 15M 9/59

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VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8631 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08612

Ren Dist No

a. COUNTY ALLEGANY MARYLAND O. STATE MARYLA	deceased lived. If Institution: I	Residence before admission)					
h CITY OR TOWN IN A SIGN TOWN IN A SIGN TO SIG	RIID	ALLEGANY					
b. CITY OR TOWN (If outside corporate limits, write BURAL ond give nearest town)							
cud give neonal town CUMBERLAND 8 HRS. RURAL	MT. SAVAC	GE					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) SACRED HEART HOSPITAL	d, STREET ADDRESS e. IS O YES						
DECEASED	DATE Month OF DEATH AUGUST	Day Year 17 . 19 60					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WHITE WIDOWED DIVORCED MAY 25, 1895	9. AGE (In years IFUN	NDER TYEAR IF UNDER 24 HRS.					
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or for during most of working life, even if retired) HOUSEWIFE — CLERK MARYLAND 13. FATHER'S NAME		U.S.A.					
THOMAS JENKINS (DECEASED) 14. MOTHER'S MAIDEN NAME GERTHA		SED)					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	OHD)					
[Yes, no, or unknown] [If yes, give war or dates of service] 213-22-2637 RAYMOND BOORE.		. MD.					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If ony, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN	ONSET AND DEATH 3-4 HRS.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL IN THE PRIMARY OF DEATH BUT NOT BU	Part II of item 18.)	PERFORMED? YES NO					
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 at work at work factory, street, affice bldg., etc.)	Of. (City or town)	(Caunty) (State)					
21. I certify that I taak charge of the remains described above, held an Autapsy 🔀	, Inspection X, Inc	quiry X, and find tha					
death resulted fram: Natural causes 🖾, Accident 🔲, Suicide 🔲, Homicide 🔲], Undetermined cause						
ACTUAL Benedict Skitarelic M.D. CHIEF MEDICAL EXAMIN		DATE SIGNED					
EXAMINER'S BENEDICT SKITARELIC , M. D. DEPUTY MEDICAL EXAM							
REMOVAL (Specify)	LOCATION (City, lawn, or caus	nty) (State)					
BURIAL 8-20-60 St. George Cemetery	MT. SAVAGE,	MD.					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY PROSTBURG, MD. DATE ANG.		'S SIGNATURE					

TO SEE THE PARTY OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH

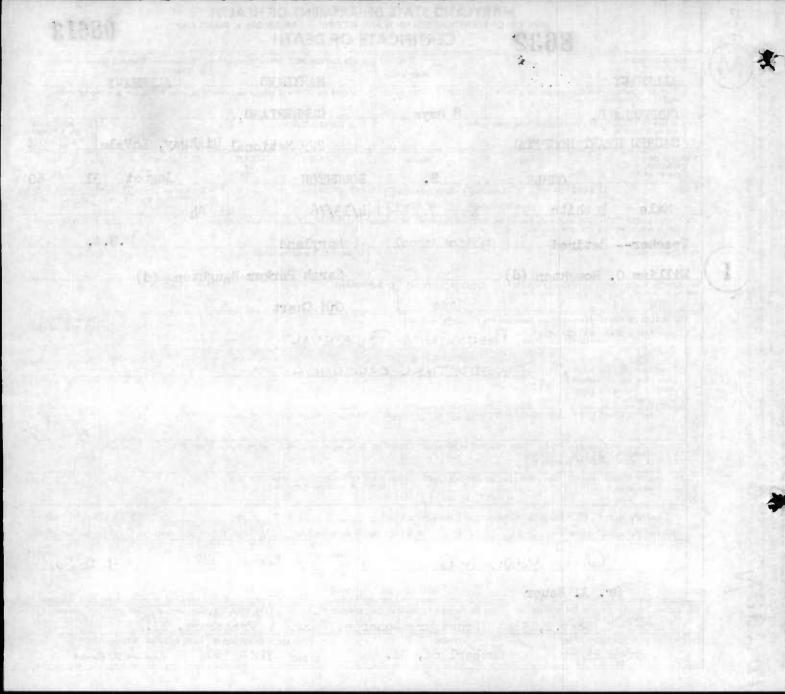
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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PLACE OF DEATH o. COUNTY ATJEHAN			MARY		STATE MARYT.A		b. COUNTY	on: Residence		ission)
b. CITY OR TOW	N (If outside corporate li re nearest town)	imits, write	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo				wn)
CUMBERT	SPITAL (If not in hospital	give street or	8 Days		d. STREET ADDRESS	LAND,			e. 15 R	ESIDENCE
OR INSTITUTION	HEART HOSPI					tional	Highway	LaVal	ON	A FARM?
. NAME OF DECEASED (Type or print)		First	Middle	B	Lost OUGHTON	4. DATE OF DEATH	Mor		Day 31	Year 19 60
. SEX	6. COLOR OR RAC		D NEVER MARRIE		TE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1		DER 24 HR
Male	White	WIDOWED	DIVORCE		/13/76		814 yrs.	Months De	ays Hour	s Min.
Da. USUAL OCCUP	ATION (Give kind of wor working life, even if retir	k done 10b. K	IND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stot	e or foreign co	ountry)	12. CITIZE	N OF WHAT	COUNTR
	- Retired		blic Schoo	1	Maryland			U.S	. A.	
. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
		1-1			Court D					
W1111am	G. Boughton EVER IN U. S. ARMED FO	OPCESS IV 6	OCIAL SECURITY NO	17. INFOR	Sarah Pa	rker B	ughton	(d)		-
Yes, no, or unknown)	(If yes, give war or dates		JCIAL SECURITY NO.	I/, INTOK	MAINI		Add	1622		
NO			None		Ord Char	t				
18. CAUSE OF	DEATH Enter only one	couse per line	far (o), (b), and (c).						INTERVAL	
PART I.	DEATH WAS CAUSED 8	(: P.	NAME OF THE	2.	ATOMAL				ONSET AN	D DEATH
11/10	IMMEDIATE CAUSE		SUMONINS	- 6911	MIERAL					
104	DUE	то								
	if ony, which)	(b) ME	JANT ZAI O	- CAQ	CHOMA.					1
	o immediate DUE							1.4.5.1		
lying couse le	ing me under-	(-)						1/2/01		
	OTHER SIGNIFICANT CO	ONDITIONS CC	ENTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TERM	MINAL DISEASI	E CONDITION GIV	VEN IN PART 1	(o) 19. WA PERI YES [FORMED?
(IF EITHER, NO	WAS UNDERLYING A	TH	RIBE HOW INJURY OF	CCURRED. (Er	nter noture of injury in	Port I or Port	t II of item 18.)			
20c. TIME OF IN Hour o. p.	,,,	While	URY OCCURRED Not while of work		OF INJURY (Home, fai street, office bldg., e		or town)	(Cou	unty)	(Sto
21. I certify	that (I) (this haspi	tal) attende	d the deceased	fram		9,ta		, 19	, that (I)	(we) lo
saw the dec	eased alive an		19 , and	that deat	accurred at	_M, fram	the causes ar	nd on the o	date state	ed abay
220. SIGNATUR										22b, DATE
	(diPan	410.1	has	M.D.		MED.	STAFF PHYS.	0	2 2.1	SIGN
22c. PHYSICIAN NAME (Typ		er	Int	M.D.	22d. ADDRESS	DIRECTOR _	rnis.		1- 45 K	,0
30. BURIAL, CREMA	ATION, 236. DATE THE		23c. NAME OF CEMI	ETERY OR CR	EMATORY	23d. LOCA	TION (City, town,	or county)	(5)	tote)
REMOVAL (Spe Burial	Sept.2,		Frostburg	Memor	ial Park		stburg, 1			
4. FUNERAL DIRECT			ADDRESS	~HOI.		C'D BY REGIST		ISTRAR'S SIGN	ATURE	
		A		MA		SEP 6		arelus &		
Dyr	on Kight	Cun	berland,	rice.	DATE	SEL O	00	circums d.	. Thank	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 moy be rectained by the hospit, or ottending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 shauld be filed that the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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08614

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

A certificate has been signed by the attending physician and campletely filled in by the funeral diractors as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. or attending physician. may be retained by the haspi

VR A15 (4) 15M 9/59

1.	g. COUNTY	ALLEGANY	MARYLAND	o. STATE MARY		b. COUNTY	ALLEG	
	b. CITY OR TOWN (IF RURAL and give near FROSTB	oulside corporate limits, write rest town) URG	c. LENGTH OF STAY IN 16 D O A	c. CITY OR TOWN (IF	MODEL 18-5	limits, write RI	JRAL and give ne	arest town)
	d. NAME OF HOSPITA OR INSTITUTION MINERS	L (If not in haspital, give street HOSPITAL	address)	d' STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	EDWARD First	JOSEPH Middle	BRADY	4. DATE OF DEATH	AUGUS		L5, 19 60
5.	MALE MALE	6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED DIVORCED K	NOV. 16,	1900	ost birthdoy) 59 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10	during most of working	(Give kind of work done 10b. ig life, even if retired)		CHEM. Ma	ryland	(77)		•A •
13	FATHER'S NAME	MAG DD ADIE		14. MOTHER'S MAIDEN				
_		MAS BRADY	COSIN SECURITY NO. 122	ANN	IE MORA	Addr		
		IN U. S. ARMED FORCES? 16. yes, give war or dates of service)	72-20-1+820	Francis Br	ady,	Addr	Frost	burg, Md
		mediate Dus To	nyveare	lial Ins	uffic	ian	ey ,	ISET AND DEATH
CATION	PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I ar Part II a	of item 1B.)		
MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year 20d. I While of wor	Not while fi	LACE OF INJURY (Home, fars actory, street, office bldg., et	m, 20f. (City or t	tawn)	(County) (State)
	21. I certify that saw the decease 220. SIGNATURE	(I) (this haspital) attended alive an		death occurred ay	M, fram the	Lauses an		hat (I) (we) last e stated abave. 22b. DATE SLGNED
	22c. PHYSICIAN'S NAME (Type)	W. O. McLAN	E, M. D.	22d. ADDRESS	DIRECTOR L P	FROST	BURG, M	416 1960
	BURIAL CREMATION	8-18-60	St.Michael	or CREMATORY 'S Cemetery	23d. LOCATION	City, town, c	or county)	(Stote) Md.
24	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		O BY REGISTRAR		TRAR'S SIGNATU	

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ar ottending physician.

or removal, and in any event, within 72 hours after death

priar to burial, cremotian,

page 3 shauld be detached the State Board of Health pr

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

08615

8633	CERTIFICATE OF DEATH
------	----------------------

1.	1. PLACE OF DEATH O. COUNTY ALLEGANY CUMBERLAND, MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a STATE MARYLAND ALLEGANY ALLEGANY									efore adm	ission)	
	b. CITY OR TOWN (IF RURAL and give nee CUMBERLAND	grest town)	ts, write	c. LENGTH OF STAY	(1)	c. CITY OI			prote limits, write RI	JRAL ond give	nearest to	wn)
	d. NAME OF HOSPIL	WARWICK	AVE.	address)		d. STREET			AVE.		e. IS R ON YES	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	GLADY		Myrtle			ast	4. DATE OF DEATH	AUGUST		Day	Yeor 1960
S.	SEX	6. COLOR OR RACE		RIED NEVER MARRI		RELSEC DATE OF BIR			9. AGE (In years	IF UNDER 1 Y	AR IF UN	
	FEMALE	WHITE	WIDOW		_	AUGUST	29, 1	902	57 yrs.	Months Da	ys Hour	rs Min.
)	_ 1 / 000	N (Give kind of work ng life, even if retired ube room)	elly-Tire	e Co.	Co		ream	w.VA.		OF WHA	TCOUNTRY
1.0		AM BRELSFO	RD			Svår		CHMO	ND			(
15	. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s	ervice)	SOCIAL SECURITY NO		RMANT			Addr CUMBERLAN			
	PART I. DEAT A 2 Conditions, if on gove rise to in couse (o), stoting t	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO y, which mediate	Art	ne far (a), (b), ond (c) ongestive	l e Hea	rt fa	ilure	2			2 ye	BETWEEN ND DEATH
CERTIFICATION	PART II. OTH 20a. ACCIDENT WA. OR CONTRIBUTING (IF EITHER, NOTIFY /	S UNDERLYING CAUSE OF DEATH	DITIONS	CONTRIBUTING TO DE	Ph-1-004mAdius		mark!			EN IN PART 1(PER	S AUTOPSY FORMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	NJURY OCCURRED Not while at work			(Home, farmice bldg., etc.		y or town)	(Caur	ity)	(State
	saw the decease		attend	ded the deceased					8 - I Mhe causes an		ate state	
	22a. SIGNATURE	is b. Bace	ean ,		M.1	ATTENDI PHYS.		ED. RECTOR []	STAFF PHYS.	8-2	-60	22b.DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	DR. BALL	IN			22d. ADD	-	REENE	ST., CUN	/BERLAN	D, MD).
23	BURIAL, CREMATION REMOVAL (Specify) Burial	8/4/60)F	23c. NAME OF CEM Hillcre		rematory	Park	1000	berland	Date of the second	(5)	tate)
24	Charles	SIGNATURE L. Georg	e C	umberlan	d, Md		250. REC'	RUG REGIS	TRARO 25b. REGIS	TRAP'S SIGNA		

DATE

TO HOSPITAL OR ATTENDING moy be retained by the hosp TO FUNERAL DIRECTOR: After VR A1S (4) 1SM 9/59

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspite at attending physician. VR AT

M	o. COUNTY ALI	EGANY		MARYLAN	O STATE 1	MARYLAND		COUNTY	ALLEGA		1011)
	RURAL ORDIN		1	GTH OF STAY IN 1	610	OWN (If outside	-	ts, write RUF	RAL and give ne	arest town	1)
60	d. NAME OF HOS	PITAL (If not in hospiME) NICK&MEMORIA	MORTALIOTH L AVE.,	OSPITAL	d. STREET A	302 SPRU	CE ST.				FARM?
	3. NAME OF DECEASED (Type or print)		RMAN	Middle C •	BR OADW.	0		Month			Year 19 60
	S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED [DIVORCED	-	Y 30,189	lost		F UNDER 1 YEA Months Days	R IF UNDE Hours	ER 24 HF
	during most of v	ATION (Give kind of work working life, even if retired on the pure of the pure	done 10b. KIND	employe	1	YLAND	eign country)		U. S.		OUNTR
	13. FATHER'S NAME	ARCHIBALD BR	OADWATER		C	MAIDEN NAME	PLER				
1)	1S. WAS DECEASED (Yes, no. or unknown)	(If yes, give war or dates of		L SECURITY NO.	7. INFORMANT MEMOR 1.	AL HOSPI	TAL-CU	Addre:			
0	Conditions, i gove rise to couse (o), stori lying couse to	ng the under-	Hypor	Ternie of Scath	alor of society of the BUT NOT RELATED TO	uncless uncless the terminal D	laros		N IN PART 1(o)	PERFO	AUTOPS DRMED?
	□ OR CONTRIBUTION □ OR CONTRIBU	m. 10	or 20d. INJURY	OCCURRED 20e	RRED. (Enter noture of PLACE OF INJURY (In foctory, street, office	lome, farm, 20f			(County	·)	(Stot
		alped of	VAN ORM	me and the	M.D. ATTENDING PHYS. 22d. ADDRE	at 1:25 P	Mm the co	uses and	2	e stated	
Bo	230. BURIAL, CREMA REMOVAL (Spec BULL AL 24. FUNERAL DIRECT	TION, 236. DATE THEREO	60 23c.	NAME OF CEMETER 1105 DDRESS 25 ERNA		23d. U 25o. REC'D BY R	este	ity, town, or RNPO 25b, REGIST		(Stot	ing.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8635 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Ward Examiner's Office along with farm PM3. Page 5 may be retained for your files. FilmG270 9-6-60 cute the certificate, writing forwarded to the Chief N TO FUNERAL DIRECTOR: Pag ar remaval. VS. A15ME(5)

5M 9/55

08617

Reg. Dist. No.

o. COUNTY	llegany		MARYLAND	and o. STATE Mrryland b. COUNTY Allegany						
b. CITY OR TOWN ond give nearest tow	(If outside corporate limits, write rn)	RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	rporote limits, write				
	TAL OR INSTITUTION (If not in hosp	pitot, give street address)	d. STREET ADDRESS	IIG ING.			-	. IS RESIDENCE	
Memorial	Hospital			808 Bucl	kinghm	m Road.			ON A FARM?	
3. NAME OF DECEASED (Type or print)	George I		Middle hanan	Last	4. DATE OF DEATH	Mont		Day	Year 1 . 1960	
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED 3	. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		UNDER 24 HRS.	
Male	White	WIDOWED	DIVORCED	Jan. 26 189	93	lost birthday) 67 yrs.	Months D	lays H	lours Min.	
10a. USUAL OCCUPAT	ION (Give kind of work of ing life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote	e or foreign	country)	12. CITIZ	EN OF V	WHAT COUNTRY	
	ichanan Lumb	Der Co	Lumber	Ellersl	ie Mar	vland.	I	J.S.	A .	
13. FATHER'S NAME				14. MOTHER'S MAIDEN		J. ST. MARCH M. B.				
Howard	Buchanah			Elizabeth	Rhode					
	VER IN U. S. ARMED FOI	RCES? 16. S	OCIAL SECURITY NO. 17. II	NFORMANT	101000	Address				
No.	(it yes, give wat or eases or :	service)	TT	eslie Helmer	n Cram	berland 1	43			
	ATH [Enter only one cau	se per line f		ASST. TO METHE	- COUNT	CEL TAILU		INTERVA	L BETWEEN	
PART I, DEA	TH WAS CAUSED BY:	I	NTRACRANIAL H	EMORRHAGE.					Hrs.	
900	IMMEDIATE CAUSE (o)			District In City				4	III S.	
Conditions, if		N	ACERATION OF	KKKII BRAIN				J- 8	27	
gove rise to imme	ediote couse	26	AOBIGITOR OF	MININE DINTIN						
(o), stoling the	(o), storing the underlying									
Z PART II, OT	1.0		NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	/FN IN PART	1(0) 10	WAS AUTOPSY	
PART II. OT 200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH		0.5							PERFORMED?	
20g. EXTERNAL CA	USE WAS 201	b. DESCRIBE	HOW INITIRY OCCURRED IS	inter nature of injury in Po	et t ne Post II	Lafitan IRA		1 65	NO 🗆	
PRIMARY OF CO	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) AUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Fell from cliff about 60 feet high									
	JRY Month, Day, Yea	rel.	HURY OCCURRED 200. PLAN	CE OF INJUNE	nign					
A Hour a m		1 140 11	forte	ary street affice bldg etc	m, 120t. (Cit	y or town)	(Coun	ty)	(Stote)	
7.4.4.4	Aug. 21 1%	O of wor	k of work V Summ	er Home	5 Mi	S. Romney	Hamp	shir	W.Va	
		of the re	emains described abo	ve, held an Autops				X,	and find that	
death resulted	d from: Natural	causes _	, Accident X, Sui	cide 🔲, Homicide	e 🔲, U	Indetermined of	ause .			
/)	ca'	_ /							
ACTUAL	enedict	Oki	tareles	M.D. CHIEF MEDICAL E	XAMINER []		D	ATE SIGNED	
				ASSISTANT MEDIC	AL EXAMINI	ER 🔲				
EXAMINER'S NAME (Type)	BENEDICT S	SKTTAR	ELTC M D	DEPUTY MEDICAL	EXAMINER	X Augi	ust 2	1. 1	960	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO		2c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town,			(Stote)	
Burial	Aug. 23.1	1960	Rose Hill Cem		Carm	howland				
23. FUNERAL DIRECTOR		0	ADDRESS		D BY REGIS		AGIC SAMIT	ATURE		
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A:

Reg. Dist. No

Days

U.S.A.

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO IL

(Stote)

DATE SIGNED

e. IS RESIDENCE ON A FARM?

YES NO TO

19

60

15M 10/57

THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8683 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY ALLEGANY o. STATE b. COUNTY MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) MT. SAVAGE 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS registrar priar NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) GEORGE LYNN BUTTER DEATH AUGUST 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B. DATE OF BIRTH IF UNDER TYEAR lost birthdoy) WIDOWED [MALE DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) puo TRUCK DRIVER MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages DANTET. ELSTE SHAFFER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address -24-8694 Mrs. Elsie Butler, Mt. Savage, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: TRAUMATIC ASPHYXIATION IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which CRUSHED CHEST AND ABDOMEN gove rise to immediate cause DUE TO (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY SO 200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, While Not while foctory, street, office bligg, etc.) Month, Day, Year 20f. (City or town) Not while at work at work 21. I certify that I taok charge of the remains described above, held on Autapsy XI, Inspection X Inquiry K, and find that death resulted from: Natural causes , Accident T, Suicide , Homicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER M.D. SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S**

08619 Rog. Dist. No. ALLEGANY e. IS RESIDENCE ON A FARM? YES NO NO Day Year

> 19 60

IF UNDER 24 HRS.

Min.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

12

(County)

August

22d. LOCATION (City, town, or county)

3-5 Minutes.

PERFORMED? YEST

NO

(Stote)

U.S.A

16

Days

Months

DATE SIGNED

(Stote)

REMOVAL (Specify) CEMETERY 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 1 9 '60 arthur & Kraus FROSTBURG.

22c. NAME OF CEMETERY OR CREMATORY

Asst.

DEPUTY MEDICAL EXAMINER

VS. A15ME(5) 5M 9/55

0

0

NAME (Type)

W.O. McTane

220. BURIAL CREMATION, 22b. DATE THEREOF

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MARYLAND STATE DEPARTMENT OF HEALTH RYLAND

ISION	OF	ST	ATIST	ICAL	RESE	ARCH	AND	RECOR	DS —	- B/	ALTIN	ORE	1, N	AA

131014 01	SIMILAND MESELVIOLE	WI AP	WECOUD?	- Unit
217	CERTIFICA	ATE	OF D	EATH

00020

		863	1/	CLIVII	IICAI	LOID				11	OUG	43
1. PLACE O		000	-				DENCE (Wh	ere deceased l	ived. If instituti	an: Residence b	efore odmi	ssion)
a. COUN		Allegany		MAI	RYLAND	a. STATE	Maryl	and	b. COUNTY	Alleg	gany	
	R TOWN (If and give near	outside carporate limi	ts, write	c. LENGTH OF STA	1	1			te limits, write R	URAL ond give	nearest tow	vn)
	mberlar	(If not in haspital, g		3 Years			erlan	ıd			L IC DE	CIDENCE
OR IN	STITUTION	ce Street	ive sireer	adaress		d. STREET AI		ce Str	aat		ON	SIDENCE A FARM?
3. NAME O	_	Fir	**	Midd	lle.	Last		4. DATE	Mon	AL.	Day	Year
DECEASE (Type or	D			100,000				OF DEATH	August		26	19 60
S. SEX		Mart		Jane		Collins DATE OF BIRTH				IF UNDER 1 YE	-	
Fema		White	WIDOW			May 21.1	-		AGE (In years lost birthdoy) 89 yrs.	Months Day	s Hours	Min.
10a. USUAL	OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS				or foreign cou	ntry)	12. CITIZEN	OF WHAT	COUNTRY
	usekeer	g`life, even if retired;		t Home		Wes	t Vir	ginia		11.5	S.A.	
3. FATHER'S			1 33			14. MOTHER'S						
Joh:	n Rader	•				Mine	rva M	cClane				
	CEASED EVER	N U. S. ARMED FOR		SOCIAL SECURITY N	10. 17. INF	ORMANT			Add	ress		
No.	known) (If	yes, give war or dates of s		None	Mno	. Ruth	Carr	T.a	Vale. Ma	hae fore		
	USE OF DEATH	f [Enter only one co		ne far (a), (b), ond (10001	Q+	,	1.0	/	NTERVAL B	BETWEEN,
MIGH	PART I. DEATH	WAS CAUSED BY:			VANI	Mini	c MA	Wille	Dr dell	1	799 47	D-DEATH-
1 4	111	MMEDIATE CAUSE (a DUE TO		-	- 4.4	0.0.0		1000	CAGO	1	1	
Condi	itions, if ony	which \					/					
gove	rise to imi	mediote (A 5 11		-	- 19
	(o), stating the	e under-										
				CONTRIBUTING TO E	DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PART 1(c	19. WAS	AUTOPSY
ICATION			123.5		w de						YES [ORMED?
20a. AC OR CON (IF EITH	CIDENT WAS NTRIBUTING [ER, NOTIFY M	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture of	f injury in I	Port I or Port I	I of item 1B.)			
	E OF INJURY	Manth, Day, Yes		NJURY OCCURRED		E OF INJURY (Fory, street, office			r town)	(Coun	ty)	(Stote
MED ME	p. m.	19	While of wor		10010	ny, siteet, office	blug., etc.			1		
21. 1 60		(I) (this haspital) attent	led the decease	d from	4141	. 19	0.16/	de apt	261960 (that (I)	(we) las
		d alive and	471	71.1/1	. // /	ath accurred	10176	0	causes ar		. ,	, , , , , ,
22a. SIC	SNATURE	13/	2/2	1. 1				,			1 %	25 DATE
		16/1	VI	zally)	M	.D. PHYS.	☑ DI	RECTOR	STAFF PHYS	vigue	125	1790
	YSICIAN'S .ME (Type)	£.#	3	worldr.	UP	22d. ADDRE	Phy	per/	and	Ma		
	, CREMATION AL (Specify)	, 23b. DATE THEREC	F	23c. NAME OF GE	METERY OR	CREMATORY		23d. LOCATIO	ON (City, town,	ar county)	(Sto	ate)
-	rial	8/29/60		Goldizer	Ceme	tery		Jorde	n Run.	W Va		
	L DIRECTOR'S	SIGNATURE	-	ADDRESS				D BY REGISTRA	AR 2Sb. REGI	STRAR'S SIGNA		
Ruth	E. Sil	Leox Cu	mber	land Mar	yland		DATELUC	3 1 '60	and	Ilms S. Kro	MA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the hose it at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral Lar attending physician. This certificate has been signed by the attending physician and campletely filled in by the funeral ruse as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death page 3 shauld be detached far use as the burial-transit permit. VR A1S (4) 1SM 9/S9

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	8	638				OEKIII 107	112 01		Reg.	Dist. No).	
	PLACE OF DEATH				1	. USUAL RESIDENCE	(Where dece			idence be	fore adm	ission)
	0. 0001111	ALLEGANY		MARYLAN	D	MARY	LAND	b. COUNT		LEGAL	TY.	
ŧ	ond give negres! town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN	(If autside co	rporate limits, write	RURAL	and give r	earest to	wn)
	CUMBER	LAND		50 YEARS	3	2 CUMBE	RLAND					
-	d. NAME OF HOSPITA	L OR INSTITUTION (f not in ho	spital, give street address)		d. STREET ADDRES	S				e. IS R	ESIDENCE A FARM?
	DOA MEM	ORIAL HOSP	ITAL			645	COLUMB	TA AVE.				NO
3.	NAME OF DECEASED	Fir	ıt	Middle		Last	4. DATE OF	Mont	h	Day		'ear
	(Type or print)	ROBERT	म	COLOMY			DEATH	A110. 2	7.		1	9 60
5. 5	SEX	6. COLOR OR RACE	7. MARRI	EDX NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years loss birthday)		ER TYEAR		ER 24 HRS
	Male	WHITE	WIDOWE	D DIVORCED	DH	EC. 25,188	8	71 ym.	Months	Days	Hours	Min.
10a	USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDE	JSTRY	11. BIRTHPLACE (SI	ote ar fareign	country)	12. C	ITIZEN O	F WHAT	COUNTRY
•	PAINTE			IGN PAINTING		MAINE				USA		
13.	FATHER'S NAME	4.6			1.	4. MOTHER'S MAIDE	N NAME	- F-6-EN		0.022		
	WAT/TER	COLOMY				CT.ARA	ANDER	SON				
	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	. INFO	RMANT	ANDER	Address				
(Yes	NO NO	[If yes, give war or dates of		20 16 6547	MRS	5. WM. F.	COWHER	D CUMBE	RLAN	D. M	D.	
=	1B. CAUSE OF DEAT	H [Enter only one cou	se per line							INTE	RVAL BETW	EEN
	PART I, DEATH	H WAS CAUSED BY:		CORONARY	-	OCCLUSI	ON				SUDD	
	HOA	IMMEDIATE CAUSE (6)		0 011 01114111		COOLODI	011			-	ענעטנ	1314
	Canditions, if an	DUE TO		CORON	AR'	Y SCLER	OSTS					
	gave rise to immed	iate cause		001101	14411	T DOLLAR	ODID					
	(a), stating the u											
z		J (c)	DITIONS C	ONTRIBUTING TO DEATH BU	T NO	RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	VEN IN P	ART 1(a) 1	9. WAS	AUTOPSY
110	TAKE III O III										PERFC YES	RMED?
P.F.	20g EVTERNIAL CALL	SE WAS 20	h DESCOID	E HOW INJURY OCCURRED	/Ente	e nature of lainer in I	Part Las Part I	I of item 10 1	-		153 []	ио 🕽
CERTIFICATION	20g. EXTERNAL CAUSE OF DEATH.	TRIBUTING -	o. Describ	E HOW INJOK! OCCORRED	. (Enie	nature at injury in	ran i ar ran i	i di ilem ib.)				
_			1001	INJURY OCCURRED 20e. F	N A CE	OS INTROVAL S	001 451			1.1		464-4-3
MEDICA	Hour a, m,	Y Month, Day, Yes	Whil		octory,	OF INJURY (Home, for street, office bldg.,	elc.)	ty ar town)	10	Caunty)		(State)
ME	p. m.	19		ork at work								
	21. I certify th	at I taak charge	of the	remains described a	bave	, held an Auta	psy [],	Inspection K	, Inqu	iry T	, and	find the
	death resulted	fram: Natural	causes	Accident . S	vicio	le 🗍, Hamici	de 🔲, l	Indetermined	cause [
		0 1	1	0,1)					50.0	DATE	SIGNED
	ACTUAL SIGNATURE	renedic	TS	Ketarelie	1	A.D. CHIEF MEDICAL	EXAMINER [DATE:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	EXAMINER'S					ASSISTANT MED	DICAL EXAMIN	IER 🔲				
	NAME (Type)	BENEDIC	T SK	ITARELIC, M	.D	DEPUTY MEDIC	AL EXAMINER	AUC	UST	11 9	27,	1960
220	BURIAL, CREMATION	1, 22b. DATE THEREC	f	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOC	ATION (City, town,	ar county)	(Stal	
Pa.,	BURIAL	AUE. 30.	1960	HILLCREST BI	RTA	I PARK	CUM	BERLAND	MD			
23.	FUNERAL DIRECTOR'S			ADDRESS		24a. R	EC'D BY REGIS			SIGNATU	RE	
	BYRON KIG	HT	CUMB	ERLAND, MD,		DATE	aco 4 2	00 0	.1 6	2		

VS. A15ME(5) 5M 9/55

or removal.

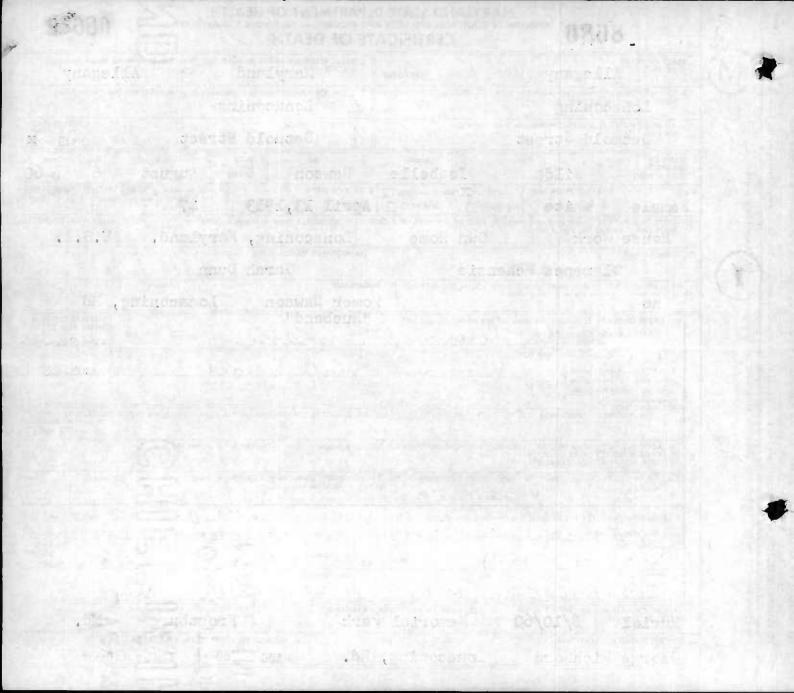
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

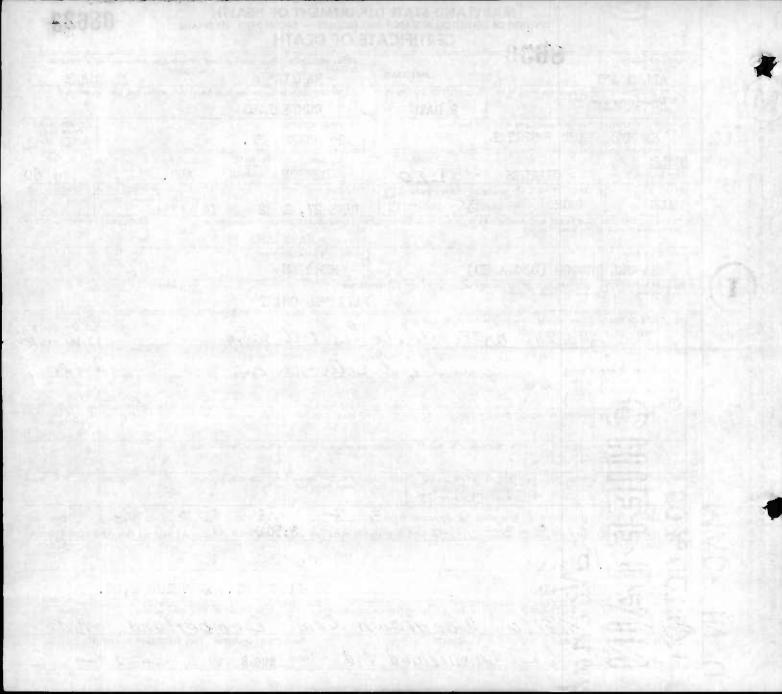
a. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary.			before odmission) egany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neotest lown)	c. LENGTH OF STAY IN 1b	1 32	autside carporate limits,	write RURAL and giv	e nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of NEW INSTITUTION Street	ddress)	d. STREET ADDRESS Detm	old Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Wilda	Isabelle	Dawson	4. DATE OF DEATH A1	Month ugust	Day Year 6 19 60
S. SEX 6. COLOR OR RACE 7. MARRI Female White WIDOWEL	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 13,1	913 9. AGE (In lost birt)	1, 1	YEAR IF UNDER 24 HRS. Dys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. K during most of working life, even if retired)	Own Home	STRY 11. BIRTHPLACE (Stote Lonaconi	7.5	17.2	U.S.A.
13. FATHER'S NAME Clarence McKen:	zie	14. MOTHER'S MAIDEN I	rah Dunn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)		Homer Dawso:	n Lona	Address aconing,	Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. DUE TO (b) DUE TO (c)	e for (o), (b), and (c).]	Thrombo	sis wiene		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO					(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE			18.)	
Hour p. m. While	JURY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Home, fore ctory, street, office bldg., etc	n, 20f. (City or town)	(Co	unty) (Stote
21. I certify that (I) (this haspital) attended					
saw the deceased alive on		M.D. PHYS. D	AM, from the cousting STAFF IRECTOR PHYS. [es and an the o	22b. DATE SIGNED
23d. BURIAL, CREMATION, 23b. DATE THEREOF 8/10/60	23c. NAME OF CEMETERY C	er CREMATORY	23d. LOCATION (City, Frost)		Md. (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE George Eichhorn	ADDRESS Lonaconing,			Orthun 8. 1	



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		000	10	CERTII	-ICATE	OF DEATH	1					
1. P	LACE OF DEATH COUNTY ALLEG AN	80 a	5:3	MAR	YLAND 2. 1	USUAL RESIDENCE (W. STATE MARYT.		d lived. If institution b. COUNTY			re odmiss	ion)
b	CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY	100	CUMBEL	The state of the	rote limits, write R	URAL and g	ive nea	rest town	1)
C		HEART HOS			1	d. STREET ADDRESS 526 GREEN						FARM?
	IAME OF DECEASED Type or print)	CHAR		Middle		Lost DENSON	4. DATE OF DEATH	AUG.	3	Da	,	Year 19 60
5. S	ex MALE	6. COLOR OR RACE NEGRO	7. MARE	RIED NEVER MARRIED XX. DIVORCI		TUNE 27. 18	38 2	9. AGE (In years lost birthdoy) 78 yrs.	Months Months	Days	Hours	Min.
10a.	USUAL OCCUPATIO during most of worki	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS (OR INDUSTRY	11. BIRTHPLACE (Stot		ountry)	12. CITIZ	ZEN OF	WHATC	COUNTRY
13. (SAMUEL	DENSON (D	ECEAS	ED)	14	MERRISH	NAME					
		IN U. S. ARMED FOI f yes, give war or dates of		SOCIAL SECURITY NO		MANT ATIENTS CHA	ART	Add	ress			
	PART I. DEAT	TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (0	ne for (o), (b), and (c)	istic 1	Cuent de	rease				ERVAL BE SET AND	ETWEEN DEATH
	Conditions, if on gove rise to in couse (o), stoting t	mediote DUE TO	9	questie,	rol a	turnle	wini			2	- 5t	Par
ATION	PART II. OTH	ER SIGNIFICANT COM	DITIONS	CONTRIBUTING TO DE	EATH BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFC	AUTOPS ORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	□ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY (OCCURRED. (E	nter noture of injury i	n Port I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	20d. I While of wor			OF INJURY (Home, far street, office bldg., e		y or town)	(0	County)		(Stote
	21. I certify that		l) attend	ded the deceased	fram.3	21 h occurred a8:	9.58 , .ta _ 50AMram					(we) la:
	220. SIGNATURE	Mins	>		M.D.	ATTENDING	MED. DIRECTOR	STAFF				SIGNE
	22c. PHYSICIAN'S	RINGS, MD				22d. ADDRESS 57 GRE	ene st	., CUMBER	LAND,	MD.		
23a	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THERE	OF 60	23c. NAME OF CEA	AETERY OR CR	EMATORY Cem.	CV	TION (City, town,	and		Ma	1.
24.	FUNERAL DIRECTOR	S SIGNATURE	c. 1	ADDRESS	ud M	1	C'D BY REGIS		STRAR'S SIG	- /		



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

08624

e. IS RESIDENCE ON A FARM? YES NO X

60

UNDER 1 YEAR IF UNDER 24 HRS. Days

12. CITIZEN OF WHAT COUNTRY? U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED

.. 1960 that (1) (we) last

an the date stated above.

(Stote)

		864		CERTIFIC	AIE OF D	EAIH						
0.	LACE OF DEATH COUNTY			MARYLANI	o. STATE	RYLAN)	lived. If institution b. COUNTY	ALL	EGAN	ΙΥ	
b.	RURAL ond give ne		, write c. L	4 DAYS	-	TOWN (IF or		ote limits, write R	URAL ond	give near	est town	1)
) d.	. NAME OF HOSPIT OR INSTITUTION ME.M	AL (If not in hospital, given or IAL HOSPI	ve street addre	155)	d. STREET	_	RYLAND	AVENUE		6	ON A	FAR
D	IAME OF ECEASED Type or print)	First RA	YMOND	Middle E	DE VORE	st	4. DATE OF DEATH	AUG		Day		Yeor
S. SE	ex MALE	6. COLOR OR RACE WHITE	7. MARRIED []		JANUARY		388	O. AGE (In years lost birthdoy) 72 yrs.	Months Months	Days	Hours	ER 24
13. F	RETIRED FATHER'S NAME JESS D WAS DECEASED EVE		B . 8	0. R.R.CO	COF	RRIGAN' S MAIDEN N ROTHY	VILLE, AME CRABTRI WA	MD.	MEMOR		A VE	NUE
NO	Conditions, if of gove rise to it couse (o), stoting lying couse lost.	mmediate (DUE TO	utions cont	RIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PAI	RT 1(o) 15	. WAS PERFO	AUTC
CER	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	208. DESCRIBE	HOW INJURY OCCUP	RED. (Enter noture	of injury in F	Port or Port	Il of item 18.)	(See	al	YES 🗌	
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year	While of work	Y OCCURRED 20e. Not while of work	PLACE OF INJURY foctory, street, office	(Home, farm te bldg., etc.	20f. (City	or town)	((County)		{5
	saw the decear 220. SIGNATURE	t (I) (this haspital) led alive an	photo	the deceased from 1960 and tha	// /	NG ME	RECTOR [STAFF PHYS. []	leul		stated	
I	REMOVAL (Specify)	Aug. 13,19		NAME OF CEMETERY			Cum	oerland,	Md.		(Stol	ie)
24. F	FUNERAL DIRECTOR	s signature on Kight	Cumber	land, Md.		250. REC'I	BY REGISTE 1 5 '60		STRAR'S SI			

that the death certificate be executed within 24 hours after death. Page in by the funeral and 2 shauld be t campletely filled physician and the attending þ re attending physicion. certificate has been signed e as the burial-tronsit permi PHYSICIAN: The

Pages 1

papers.

remave

please

permit.

cremation,

22 hours after death

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: After page 3 should be detached for the State Board of Health prior VR A15 (4) 15M 9/59

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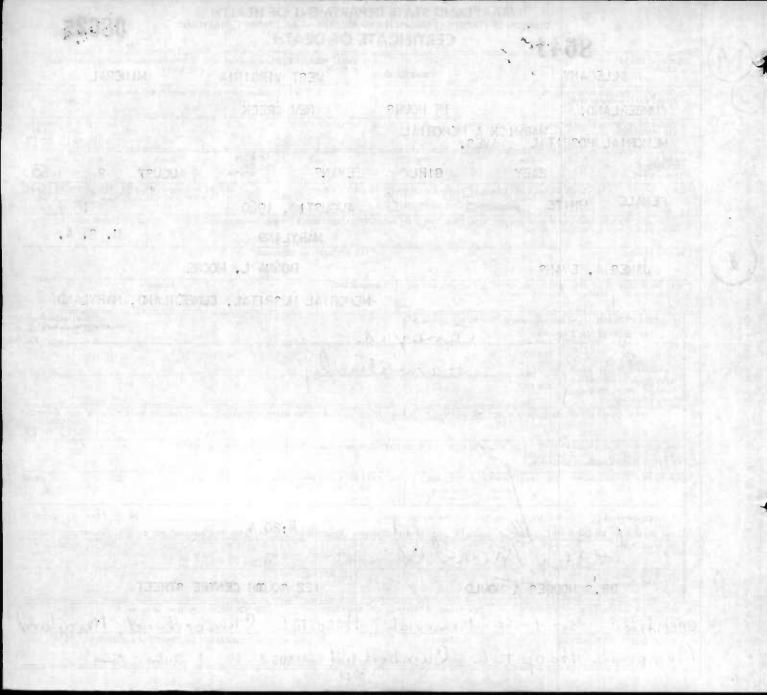
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the have an ottending physicion. 2 FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING may be retained by the has

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

L		8641	CERTIFICA	TE OF DEAT	Н		000.	Odmission IS RESIDENCE ON A FARM? YES NO 1960 FUNDER 24 HRS. Hours Min. VHAT COUNTRY? A . WAS AUTOPSY PERFORMED? YES NO (Stote) It (I) (we) last stated obave. 22b. DATE SIGNED
1.	o. COUNTY	LEGANY	MARYLAND	2. USUAL RESIDENCE	Where deceased live	b COUNTY	MINERAL , write RURAL and give nearest town) Signature Signature	
	b. CITY OR TOWN (I RURAL ond give no CUMBERL	LLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 3. STATE WEST VIRGINIA 6. COUNTY MINERAL 6. COUNTY MORNIT COUNTY MORNIT COUNTY MORNIT COUNTY MORNIT COUNTY MORNIT COUNTY MORNIT MORNI						
	d. NAME OF HOSPIT OR INSTITUTION MEMORIA	AL (If not in hospital give steet WARWICK L HOSPITAL A	MEMORIAL VES.	d. STREET ADDRESS		85X	7	ON A FARM?
3.	NAME OF DECEASED (Type or print)				OF			
5.	FEMALE	1.41.1.700	A I		le le	ost birthdoy) Mont	. 7	1
10	a. USUAL OCCUPATION during most of work	DN (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU			(y) 12.		
13	FATHER'S NAME JAMES	A. EVANS				OORE		
			SOCIAL SECURITY NO. 17. IP		SPITAL, C		, MARYL	AND
ATION	Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OT	ny, which (b) (b) DUE TO the under- (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CC	ONDITION GIVEN IN	F	ERFORMED?
MEDICAL CERTIFICATION	20c. TIME OF INJUR Hour o. m.	MEDICAL EXAMINER) RY Month, Doy, Year 20d. II While	NJURY OCCURRED 20e. PL Not while	ACE OF INJURY (Home, f	form, 20f. (City or 1			
2	21. I certify the sow the deceo 220. SIGNATUR 22c. PHYSICIAN'S NAME (Type)	ot (I) (this hospital) attended alive on	led the deceased from	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. SPIRECTOR SP	TAFF		ated obave.
0	a. BURIAL, CREMATIC REMOVAL (Specify) REMATION FUNERAL DIRECTOR	8-4-60	23c. NAME OF CEMETERY OF	Hospital	23d. LOCATION Cum PEC'D BY REGISTRAR	Oerhance 25b. REGISTRAR	d. Ma	(Stote) rylang
L	Vlemoria	L Hospita	L Cumber	rland DATE	UG 8 '60	Orthun &	P. Kraus	



VR A15 (4) 1SM 9/59

N	ARYLAND STATE DEPARTMENT OF HEALTH
DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR
8642	CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY	gany		MARY	LAND	o. STATE	CE (Whe	ere decease	d lived. If instituti b. COUNTY		77.	re odmissi	
	b. CITY OR TOWN (If RURAL and give nec	autside carporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	/N (If a	utside carpo	prote limits, write F	URAL and	give ned	arest tawn)
	Cumberla			1 month		× Mt. S	ava	ge					
	d. NAME OF HOSPITA		ive street ac	ddress)		d. STREET ADDR	RESS					e. IS RESI	IDENCE FARM?
7		art Hospita				Decatur	St.						NO 🗔
1	3. NAME OF DECEASED	Firs		Middle		Last		4. DATE	Mar	ith	Da	y 1	/ear
	(Type or print) W	illiam 1	E. Fa	arrell				OF DEATH	8	and the	15	5 1	960_
	5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D 🔲 B.	DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER		IF UNDE	
	Male	White	WIDOWED	DIVORCE	0 6	-20-84			76 yrs.	Months	Days	Haurs	Min.
1	10a. USUAL OCCUPATIO during most of worki Retired	N (Give kind af wark d ng life, even if retired) clerk	Min	ne & Mill		Y 11. BIRTHPLACE		ar fareign c	country)		IZEN OF	WHATC	OUNTRY?
ľ	B. FATHER'S NAME		Sur	ply Comp	any	14. MOTHER'S MA		AME		-	ULUIX		
	John Far	rell				Ann	a	Gaug	han				
1	15. WAS DECEASED EVER		rvine) .	00 00 00 00 00 00 00 00 00 00 00 00 00		Patier	nts	chart	Add	ress			
F	18. CAUSE OF DEAT	TH [Enter anly ane car	use per line	far (a), (b), and (c).								ERVAL BE	
1	PART I. DEAT	H WAS CAUSED BY:	A	ZOTEMIN	4						ON:	ET AND	VKS
	gave rise to in cause (a), stating the lying cause last. PART II. OTHI 20a. ACCIDENT WAS ON CONTRIBUTING (IF EITHER, NOTIFY III)			SICO - SI						VEN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED?
		CAUSE OF DEATH	20b. DESCR	RIBE HOW INJURY O	CCURRED.	Enter nature of inj	jury in P	art I ar Par	rt II af item 1B.)				
	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While at wark	URY OCCURRED Not while at wark	20e. PLAC facta	E OF INJURY (Hom y, street, affice bld	ie, farm, dg., etc.	20f. (City	y ar tawn)		(Caunty)		(State)
	21. I certify that saw the decease	(I) (this haspitaled alive an	attende			th accurred a	168		AUG. 15 the causes ar		e date	6131	we) last abave.
	220. SIGNATURE	rd €, 50	hino	ller	М.	ATTENDING PHYS.	-	D.				226	SIGNED
	22c. PHYSICIAN'S NAME (Type) Richard	E.Schindle	er, M.	.D.		22d. ADDRESS	G	REENE	ST - Cu	MBER	LANI	M	D.
	230. BURIAL, CREMATION REMOVAL (Specify) BURIAL	8-18-60	F	St. Patr			ery		TION (City, town,	ge,	Md	(State	e)
	24. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		250	a. REC'E	BY REGIS	TRAR 25b. REG	STRAR'S S	IGNATU	RE	
X	A.K.d	Turel	Fro	stburg,	Md.	DA	TE AU	IG 18'	60 C	silus !	the	44	

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VR A15 (4) 1SM 9/59

the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLAC o. CC	DUNTY ATT	egany		MARYL	- 11	Maryland	(Where decease	ed lived. If instituti b. COUNTY		before odm	ission)
RU	RAL and give ne	Contract of the contract of th	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	(If outside corp	orote limits, write R	URAL ond gi	ve nearest to	wn)
d. N	ONACONI AME OF HOSPITA R INSTITUTION	AL (If not in hospital, g	ive street	oddress)		a. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
		shington	Str	reet		W	ashing	rton Str	reet		□ NO!□
	E OF ASED or print)	ELIZABE		Middle		FISHER	4. DATE OF DEATH	Mor 8/19		Day	Yeor
S. SEX		6. COLOR OR RACE		RIED NEVER MARRIED	П В.	DATE OF BIRTH		9. AGE (In years		YEAR IF UN	
F	emale	White	WIDOW			3/20/1872		last bigthday) yrs.		Days Hour	s Min.
10a. USI dur	ing most of work	N (Give kind of work on the life, even if retired)	ione 10b.	KIND OF BUSINESS OR	INDUSTR	Lonaco		country) MD •		I.S.A.	COUNTRY?
13. FATH	ER'S NAME	110				14. MOTHER'S MAIDE		1.115			
		GEORGE	FOC	T		ELIZABE	TH BUC	CKEL			
15. WAS			CES? 16.	SOCIAL SECURITY NO.	17. INFO	DRMANT		Add	ress		
(105, 110, 1	NO	r yes, give war or dares ar si	Prvice)	NONE	MRS	. MARSHA	LL CRI	EIGHTON.	LOnA	CONTI	IG. M
Co		H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which pmediate	10	ne for (o), (b), and (c).]	h	DAUGH	TER)			INTERVAL ONSET AN	
lyi	ng couse last.) (c		literios	cle	1081)				Jea	us
CATION	PART II. OTH	er significant con	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GI	VEN IN PART	1(a) 19. WA PERI YES [FORMED?
OR (IF	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury	in Part I or Pa	art II of item 18.)			
WEDICAL	TIME OF INJURY Hour a.m. p.m.	Manth, Day, Yea	While			E OF INJURY (Home, 1 ry, street, office bldg.,		ty or tawn)	(Cc	ounty)	(State)
		(I) (this hospital		ded the deceased f	- 1	11	1960, to			hat (I)	
	SIGNATURE	mile	3	On	M.		MED. DIRECTOR	STAFF PHYS.			SIGNED
22c	PHYSICIAN'S NAME (Type)	MILES .	115.	M.D.		22d. ADDRESS	CONIN	16, Ma),		
230. BUI	RIAL, CREMATION	8/21/1	960	23c. NAME OF CEME Oak Hil		emetery	-	ATION (City, town,	T 4770	(Si	tate)
24. FUN	ERAL DIRECTOR'S	SIGNATURE		ADDRESS		-	AUG BY REGI	TRAR 256. REGI	ISTRAR'S SIG		
GE	ORGE ET	CHHORN		LONACONTN	G I	AD . DATE		a	they & ;	traus	

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DIVISI ORE 1, MARYLAND

ON	OF	STATISTICAL	KESEARCH	AND	RECORDS	- BALTI	M
		CEI	DTIELC	A TE	OFF	LATH	

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-	CE	RTI	FIC	ATE	OF	DE	ATH	1

8682	CERTIFICA	TE OF DEATH		08628
1. PLACE OF DEATH b. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	Residence before admission) Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Beachwood Street	Transfer or the second of the second	d. STREET ADDRESS Beachwood	d Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) F11as	Middle	Frye Lost	4. DATE Manth OF DEATH August	
s. sex Male 6. COLOR OR RACE 7. MARRIE White Widowed		B. DATE OF BIRTH	a a last hirthdox) la	Onths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Retired Miner	IND OF BUSINESS OR INDUS	In Birthplace (State of Lonaconin		U.S.A.
David Frye		14. MOTHER'S MAIDEN N.	^{AME} D elle Naismit	h
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes. no. or unknown) (If yes, give wor or dates of service) 216		Havey Frye	Lonaconin	
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c).]	mombos	is	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate DUE TO	tenoscle	21201		years
lying couse lost. (c)	CALLETTE OF ATH BUT	Mellitus	NAL DISEASE CONDITION GIVEN	IN PART I(g) P. WAS AUTOPS
CATIC	RIBE HOW INJURY OCCURRED			PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Doy, Year 20d. INJ Haur o. m. p. m. 19 While at work	Not while fac	ACE OF INJURY (Home, farm, tary, street, office bldg., etc.	20f. (City or town)	(County) (Stote
21. I certify that (I) (this haspital) attende saw the deceased alive and 11.				on the date stated abave
220. SIGNATURE	The		D. STAFF PHYS.	22b. DATE SIGNE SIGNE
22c. PHYSICIAN'S NAME (Type) L.R. MILES, S	IR., M.D.	LONACO	NING MI	٥,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 8/19/60	23c. NAME OF CEMETERY O	e crematory	23d. LOCATION (City, town, or Frostburg,	
24. FUNERAL DIRECTOR'S SIGNATURE George Eichhorn Le	onaconing, l	VI 9		RAR'S SIGNATURE

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VR A15 (4) 15M 9/59

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	864	3	CERTIFIC	CATE OI	DEATH		lick.		(10	UN;	,
1. PLACE OF DEATH a. COUNTY	LEGANY		MARYLA	AT2 n	MARYLA		b. COL	INTY	LEGAN		ian)
b. CITY OR TOWN (I RURAL and give no CUMBE	f outside corporate limits agrest town) RLAND	, write c.	LENGTH OF STAY IN	16 c. CIT	Y OR TOWN (IF		rale limits, w	rite RURAL ond	give nea	rest tawn)
	MEMORIAL H			d. ST	135 IN	IDE PE NO	ENCE S	STREET			FARM?
3. NAME OF DECEASED (Type or print)	First LUC		Middle M.		GILPIN	4. DATE OF DEATH		Manth AUGUST	Do	1,	Year 19 60.
5. SEX FEMALE	WHITE	WIDOWED [-	MARC	H 5, 190		9. AGE (In) last births	day) Manths yrs.	R 1 YEAR Days	Hours	Min.
10o. USUAL OCCUPATIO during most of work House	ON (Give kind af wark di ing life, even if retired) WITE	one 10b KIN	ID OF BUSINESS OR I				ountry)	12.CI		S. A	OUNTRY
DORA TAY	LOR				TTA HERB						
	R IN U. S. ARMED FORC (If yes, give war or dates of ser		cial security No. 28 9561	17, INFORMANT MEMOR		PITAL -	- CUMBE	Address RLAND,	MD.		
18. CAUSE OF DEA	TH [Enter only one court TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line f	or (o), (b), and (c).]	E. Ca	remense	od-	Suns	0.		RVAL BE	
Canditians, if a gave rise to i cause (a), stating lying cause lost.	mmediote (DUE TO		Caren	aine d	bus	t					
PART II. OTH	HER SIGNIFICANT COND	ITIONS CON	ITRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	MINAL DISEAS	E CONDITIO	N GIVEN IN PA	ART 1(o) 1	PERFC	AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESCRIE	BE HOW INJURY OCC	URRED. (Enter no	ature of injury in	Port I ar Part	t II af item 1	B.)			
ZOc. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Year	While	RY OCCURRED 20 Not while of work	le. PLACE OF IN factory, street	JURY (Home, form , affice bldg., etc	m, 20f. (City c.)	or tawn)		(County)		(State
saw the deceas	it (I) (this hospital) sed alive on									stated	above
220. SIGNATURE	W illus	. 6.	Jane	M.D. PHY	S. 🗌 D	AED.	STAFF PHYS.			22	b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	DR. WILLIAM	P. IA	MES	22d.	441 N.	CENTR	E ST.	CUMBE	RLAND	, ME).
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	Aug. 17,19		Oueens Poi				r, W.	wn, or county)	(Stot	te)
24. FUNERAL DIRECTOR Byron K	S SIGNATURE		address umberland,		25a. REC	TO BY REGIST		REGISTRAR'S			

			4108.	
XM105731	(2) 1797(*		Y/403JdV	
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	MRCH 3, 1905		31167	12,1463
» •	AV AV ASSYST			
	HENDARGH ATTS			1 400
. ON LABOUR	MINOR - TATIFORN JATFOVSK			
		La La Ma		
	TO SHAMOU SILVE			
on, Warranin	TR BENEFIT BELL BE.	22141	OR, WILLIAM R	

0	4		%
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If ony delay is necessary, pi	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4	prwarded to the Chief M. pl Examiner's Office olang with farm PM3. Page 5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial,
EPU.	the	vard	NEN
DE	one	N IO	3
10	0	*dm	10
VS	. A	15/	ΛE(
		-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8644

18630 Rog. Dist. No.

	PLACE OF DEATH a. COUNTY ALLEGANY				2. USUAL RESIDENCE o. STATEMARYI		ed lived. If Institu			mission)
-	b. CITY OR TOWN (II of cond give negret lown) CUMBERLAN		RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp		MULL	GANY give nearest	lown)
				pital, give street address)	d. STREET ADDRESS CASH VAL	3	D RT.	# 1	01	RESIDENCE N A FARM?
1	NAME OF	EART HOSPI		Middle						
	DECEASED (Type or print)		chard	J.	Grahame	4. DATE OF DEATH	Monti		.8	Year 19 60
5. :	XII.		7. MARRIE	DIVORCED T	DATE OF BIRTH		9. AGE (In years last birthday)	Months D	YEAR IF UN	IDER 24 HRS. Min.
100	Mal e	White		IND OF BUSINESS OR INDUST		898	61 yrs.	ho curi		2 00111 (7010)
1 9	during most of working	life, even if retired)		perty Trust Co				12. CITIZ	USA	T COUNTRY?
	FATHER'S NAME	er oy Truso		perty irust co	14. MOTHER'S MAIDEN		Davage		COM	
		hawa					. 01			
15.	Jonas Gra		CES2 16 S	SOCIAL SECURITY NO. 17. II	Hergo	AL AL	ice G/			
(Yes		If yes, give war or dates of			ife: Susie	Graham	_	Addre	ess.	
	The second secon	H [Enter only one cau	se per line f	for (a), (b), and (c).]					INTERVAL BETT	WEEN
	1120	MMEDIATE CAUSE (0)		CORONARY	OCCLUSION				SUDDE	N
	Canditions, if on	DUE TO (b)		CORONARY	SCLEROSIS					
	gove rise to immedi	ote couse		OCHONAICE	DOPERIODID	- 533 1350				
	(a), stoting the un	iderlying Soc 10								
CATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TER	RMINAL DISEASE	E CONDITION GIV	EN IN PART	1(o) 19. WAS PERF YES	S AUTOPSY ORMED? NO M
CERTIF	20g. EXTERNAL CAUS PRIMARY OF OF CON' CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in P	Part I or Part II	of item 18.)		377	
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED 20e. PLA Nat while rk ot work	CE OF INJURY (Home, fory, street, office bldg., e	orm, 20f. (City	or town)	(Coun	ity)	(State)
	21. I certify the	at I taak charge	of the re	emains described abo	ve, held an Autar	psy 🔲, Ir	spection I	Inquiry	(and	find that
	death resulted	fram: Natural	causes	Accident [], Sui	cide 🔲, Hamicie		ndetermined o		934	
	ACTUAL SIGNATURE	Revedici	+Sk	Marelia	_M.D. CHIEF MEDICAL	_			DATE	SIGNED
	EXAMINER'S NAME (Type) DY	.B.Skitare	olic M	D	DEPUTY MEDICA			t 18.	1960	
220	BURIAL, CREMATION REMOVAL (Specify)	I, 22b. DATE THEREO	F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town,	or county)	(Ste	ote)
	Burial		1960	Restlawn Memor			any Coun			
23.	FUNERAL DIRECTOR'S			ADDRESS	240. RE	C'D BY REGISTI	RAR 24b. REGIS	STRAR'S SIGN	NATURE	
Jo	hn . Hafe	r Cumb	erland	d. Maryland	DATE	UG 2 2 '60	1 0.	1 01	,	

her II reapit. But the lease of I ready on April 1999 I per interesting of the agent and other class.	
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	the state of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	8645	CERTIFIC	ATE OF DEATH	Fig. ASSETS	118631
a. COUNTY ALL	EGANY	MARYLAND	C STATE	h COUNT	orian: Residence befare admission) Y ALLEGANY
6. CITY OR TOWN (RURAL CUMBER	If autside carporate limits, write eprest town) LLAND	c. LENGTH OF STAY IN 16	CUMBER		RURAL and give nearest tawn)
OP INISTITUTION	TAL (If not in haspital, give struck price of the price o	eet address)	d STREET ADDRESS ROUTE	#3	e. IS RESIDENC ON A FARM YES \(\text{ N} \)
B. NAME OF DECEASED (Type or print)	First MI LDRE	Middle VIVIAN	GRAPES	OF	GUST 28 19 60
FEMALE	1.8111 TC	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH MARCH 4, 193	9. AGE (In year last birthday) 29 yrs	s IF UNDER 1 YEAR IF UNDER 24 H Manths Days Haurs Mir
during most at war	ON (Give kind of work done 1 king life, even if retired)	0b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stote CUMBER LA		12. CITIZEN OF WHAT COUNTI
3. FATHER'S NAME	RYAN		14. MOTHER'S MAIDEN NELLIE	NAME I. HOWSARE	
5. WAS DECEASED EVE (Yes, no. or unknown)	(If yes, give war or dates of service)		INFORMANT MEMORIAL HOSPI		AND MARYLAND
3 3	mmediate DUE TO (c) HER SIGNIFICANT CONDITION	- 28 Wbs	(marlo fei	is)	IVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO
20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR			
Havr a.m.	Wh		PLACE OF INJURY (Hame, farr factory, street, affice bldg., et		(Caunty) (Ste
saw the decease 22a. SIGNATURE Levelle 22c. PHYSICIAN'S	nt (1) (this hospital) atte sed alive an 28 ac	ended the deceased frame	death accurred a2:0	of, to 28 Cure of, From the causes a	ind an the date stated above 22b. DATE
NAME (Type)	DR. F. B. WHIT		Cum	Inlendy	md.
REMOVAL (Specify) Burial	8/30/60	Sunset Mem	orial Park	23d. LOCATION (City, town,	Maryland GISTRAR'S SIGNATURE
Ruth E. S		erland Maryl		0510 0 - 100	arling S. Kraus

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. his certificate has been signed by the attending physician and completely filled in by the funeral use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 and 2 shauld be f may be retained by the has the first are attending physician.

TO FUNERAL DIRECTOR: After its certificate has been signed by the attending physician and completely fille page 3 should be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING VR A15 (4) 1SM 9/59

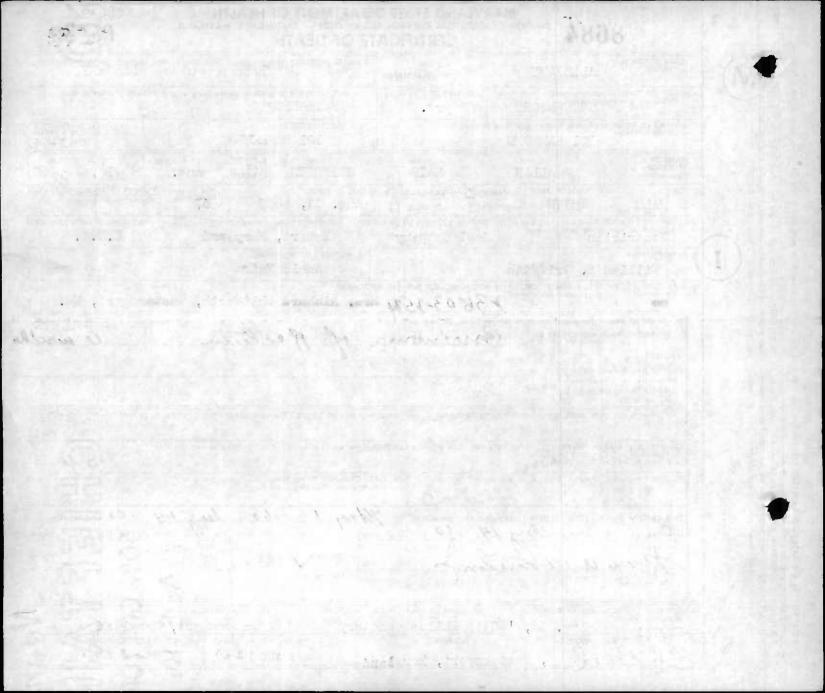
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YHAZILA	STATE CANVELLAND AND ASSESSED.		Y E MINOSTIN E A
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	CAMER LAND, WARY		ANTA RESIDENCE
			COTTO IN INCIDENT
			TIN'

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08632

1. PLACE OF o. COUNTY	EATH	ALLEGANY		MAE	RYLAND	2. USUAL RESI	DENCE (WI	ere deceased li	ved. If instituti b. COUNTY	on: Residence	e before od	mission)
b. CITY OR RURAL o	TOWN (If ad give neo	outside corporate limi	ts, write	60 yrs.	Y IN 16		TOWN (IF o		e limits, write R	URAL ond gi	ive nearest	town)
d. NAME C OR INST	F HOSPITA TUTION	t (If not in haspital, g		address)		d. STREET A	ODRESS O1 HAI	MOND		1	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or pr	nt)	Fir ALLA		MAIF		GRIFF		4. DATE OF DEATH	Aug.	nth	Poy	Year 19 60
s. sex MAI		6. COLOR OR RACE WHITE	7. MARRI WIDOWE	IED NEVER MARI		B. DATE OF BIRT			AGE (In years loss birthdoy) yrs.		Doys Ho	NDER 24 HRS. urs Min.
during me		N (Give kind of work on the life, even if retired S.N.)	1	kind of Business Doal Compa				or foreign coun			U.S.A.	AT COUNTRY?
B. FATHER'S I		B. Griffi	th			14. MOTHER'S	maiden n					
15. WAS DECE (Yes. no, or unkno		IN U. S. ARMED FOR yes, give wor or dates of s		3603-2		iformant Mrs. Ric	hard	Whitwor	th, Wes		ort, 1	id.
gave r cause (a lying ca		mediate DUE TO)	CONTRIBUTION OF THE	NEATH BUY			NAME DISCLASS.	COLIDITION CO	1521 AN BART	14-110-14	AS AUTOBOV
SATION		R SIGNIFICANT CON								VEN IN PARI	PE	REORMED?
(IF EITHER	NOTIFY A	UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)		CRIBE HOW INJURY	OCCURRE	D. (Enfer nature o	of injury in	rari i or Port ii	or item 18.)			MEN
	o. m. p. m.	Month, Doy, Ye	ar 20d. IN While at work	Not while		ACE OF INJURY (tory, street, offic			r tawn)	(C	ounty)	(Stote)
saw the	decease	(I) (this hospitaled alive an D) attend	ed the decease 4 1960, an	d from	May I	1 <u>9</u> d at		le couses ar			ted abave
22a. SIGN	CIAN'S	aurt	nest	Em fr		M.D. ATTENDIN PHYS.	DI DI	ED. RECTOR	STAFF PHYS.	19		22b. DATE SIGNED
NAM	(Type)	I, 23b. DATE THEREC) F	23c. NAME OF CE	METERY			224 LOCATIO	DN (City, tawn,	as county)		(State)
REMOVA	(Specify)	Aug. 16		Philo				Wester	nport,	Maryla	and	(State)
24. FUNERAL	BI	//	Vecto	ADDRESS	o wyell 1	2.0		D BY REGISTRA		Inthun S.		

PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 or ottending physician. s certificate has been signed by the attending physicion and campletely filled in by the funerol discontinuate has been signed by the funerol defined in the funerol by the formula by the formu TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: AFA VR A1S (4) 15M 9/59



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

06/8

1. PLACE OF DEATH O. COUNTY	IY .		MARYLAND	2. USUAL RESIDEN G. STATE MARYLAND		here deceased	b. COUNTY	on: Residence be	efore odmi	ssion)
CUMBER L			E. LENGTH OF STAY IN 16	c. CITY OR TOV		outside corpor	rote limits, write F	URAL and give	nearest tov	√n)
	TAL (IF MEMORITA)			d. STREET ADD		ON STR	EET			A FARM?
3. NAME OF DECEASED (Type or print)	ETHE	st	Middle	GROVE	W.	4. DATE OF DEATH	AUGL		Day	Yeor 19 60.
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIE	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH JANUARY	21,	1896	9. AGE (In years last birthdoy) 64 yrs.	Months Day	-	
during most of wor Non	rking life, even if retired	done 10b. KI	ND OF BUSINESS OR INC	M	ARYL	AND	ountry)	U.S	OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MA						
		GARDNE	**		J.	WILSON				
	ER IN U. S. ARMED FOR (If yes, give war or dates of s		OCIAL SECURITY NO. 17.	MEMORIAL HO	OSPI	TAL, C	CUMBERLAN			
Conditions, if c gave rise to i couse (o), stoting lying couse lost.	the under-	1	ascul	Poler	oli Pri	na	dis	resse	NSET AN	2
CATIC		IDITIONS <u>CO</u>	NTRIBUTING TO DEATH B	UT NOT RELATED TO TH	HE TERM	INAL DISEASE	E CONDITION GI	VEN IN PART 1(a	PERF	S AUTOPSY ORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCUR	RED. (Enter noture of in	njury in	Part I or Port	III of item 18.)			
ZOc. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Ye	ar 20d. INJ While at wark	Not while_	PLACE OF INJURY (Hor foctory, street, office bl			or town)	(Coun	ty)	(State)
saw the decea		attende	d the deceased frame	death accurred	19 at 1 : C		the causes a		ate state	
22a. SIGNATURE	1 8. 9	Fill	iains	M.D. ATTENDING	N O	AED.	STAFF PHYS.	7	8-19	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	DR. W. F.	WILLI	AMS.	22d. ADDRESS 122 \$		ENTRE	STREET,	CUMBERL	AND,	MD.
230. BURIAL, CREMATIC REMOVAL (Specify Burial	8/18/	1960	23c. NAME OF CEMETERY Memorial	Park		Fro	ostburg	, MD.		ate)
24. FUNERAL DIRECTOR		-	ADDRESS	to antitro.	5a. REC	'D BY REGIST	RAR 25b. REG	ISTRAR'S SIGNA	TURE	
GEORGE F	EICHHORN	الله الله	ONACONING,	MD.	ATEATT	c 22 '61	0 0.	11.0 8 4.		

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and author	TAGENT BESETAEL CH		
	Decree Services		
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NET, INVESTMENT, 10	a summer the sti	F. WILLIAMS.	
		Taircon Dicert	A SEAL WAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8686 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.		.0	8	6	3	4
Reg.	Dist.	No.				

1. PLACE OF DEATH 0. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence o. STATE Maryland b. COUNTY Alle	before odmission) gany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Rure 1—Cumber land	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Rural - Cumberland	re nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) R.F.D. 2 Box 755	d. STREET ADDRESS R.F.D. 2 Box 755	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Frank Middle Myer	Hall OF August 25	Pay Year 19 60
	March 20, 1960 66 yrs. Months Doy	rs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOCOMOTIVE Engineer Railros	77	S.A.
13. FATHER'S NAME John Hall	Georgeanna Mayhew	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or upknown) (If yes, give wor or dates of service) 705-108467	Mrs. Marcella Hall R.F.D.	2 Box 755
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORONARY OCC	Company of the first time for the latest the second	NTERVAL BETWEEN ONSET AND DEATH SUDDEN
Canditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.	SCLEROSIS	२८२८२८
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO XX
	nter nature of injury in Part I or Part II of item 18.)	
	CE OF INJURY (Hame, form, 20f. (City or town) (Caunty ary, street, office bldg., etc.)	(State)
21. 1 certify that I taok charge of the remains described abodeath resulted from: Natural causes , Accident , Sui		🔼, and find tha
ACTUAL SIGNATURE Bune dict Skitarelia	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S BENEDICT SKITARELIC, M.D.		, 1960
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) Burial Aug. 29, 1960 St. Mary!		(State) ry land
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James F. Scarpelli Cumberland, 1	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAM DATE: 116 2 9 '60 Cultury S. HG	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief M. Al Examiner's Office along with four TM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transfer permit. File pages 1 and 2 with the registrar prior to burial, creation,

VS. A15ME(5) 5M 9/55

or removal.

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8687 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE (Where decease	h COUNT		ce before odmir Legany	
and give nearest tow	If outside corporate limits, write	RURAL C	LENGTH OF STAY IN 16	Route	If outside corp	porate limits, write	RURAL and g		
	TAL OR INSTITUTION (II	not in hospite		d. STREET ADDRESS		, , , , , , , , , , , , , , , , , , ,		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fire		Middle	Last	4. DATE OF DEATH	Manti		2	9 60
5. SEX		shall	N.	Harvey	DEATH	9. AGE (In yours	IFUNDER 11		P 00 HRS.
Male	White	WIDOWED [NEVER MARRIED DIVORCED		330772	lost birthday)		ays Hours	Min.
10a. USUAL OCCUPAT during most of work	ION (Give kind of work ding life, even if retired)		D OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stot-	- 1-1		12. CITIZE	TTCL A	COUNTRY
Self-emp.	royed	l Ca.	rpenter	West V:		La		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
	. Harvey			Mary A.	Fike				
15. WAS DECEASED E' (Yes, no. or unknown)	VER IN U. S. ARMED FOR 1 (If yes, give wor or dotes of a	ervice)		NFORMANT		Address		9.09	
Yes	WW 2	<u> 518-</u>	09-5383 M	rs. Norma l	M. Hai	rvey,Rt	.2,Fr	ostbur	g, Md
Canditlans, if gave rise to tumm (a), stating the	underlying DUE TO		CORONARY	OCCLUSION RY SCLEROSI	IS WIT	H THRO	MBOSIS	INTERVAL BETWE	EN
PART II. OT PART II. OT PRIMARY OF OF DEATH	AUSE WAS 1201	tes		NOT RELATED TO THE TERM			/EN IN PART I		AUTOPSY RMED? NO
CAUSE OF DEATH 20c. TIME OF INJU Hour a. m. p. m.	URY Month, Day, Yea	20d, INJ While of work	Nat white foc	CE OF INJURY (Home, far lary, street, affice bldg., et		or town)	(Count	ly)	(State)
21. I certify t		Lar	noins described ob	ove, held an Autopicide , Homicid _M.D. CHIEF MEDICAL E ASSISTANT MEDICAL M. DEPUTY MEDICAL	EXAMINER CAL EXAMINE	-		DATES	
	ON, 22b. DATE THEREON 8-10-6	-	c. NAME OF CEMETERY OF Fairview C			TION (City, town,	**	(State	
23. FUNERAL DIRECTO	R'S SIGNATURE	27	ADDRESS TO	-71	UG 11 '6		STRAR'S SIGN		

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	Marie M. T. Marie M.						
	THE ACTION OF THE PERSON OF TH						

08636

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	llegany			O. STAT	111173 17		d lived. If Institu	Y		
			MARYLA	NO	Mary				egany	
and give nearest tow	(It outside corporate limits, write)	e KUKAL	c. LENGTH OF STAY IN	-			orate limits, write	NUKAL BIIG	Size peciesi	iowiij
Cumbe		46 1 1	60yrs		berland	1,	- V	1 2	la 18	RESIDENCE
			pitol, give street address)				A	V	01	N A FARM?
	1 Hospita				Louis		Ave			□ NO 🖫
3. NAME OF DECEASED (Type or print)	Mary Ann		Lberger		Lost 4.	OF DEATH	Aug	-	Day	19 60
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF 8	RTH		P. AGE (In years last birthday)		Days Hour	
F	M	WIDOWED	DIVORCED [April	28,18	75	85 yn.		Days Houn	min.
during most of work	ing life, even it retired)	7000	ind of Business or into		ha. Sc				CEN OF WHA	T COUNTRY?
HOUSEWII	е		JWIIITOME		R'S MAIDEN NAI		allu	1 01	DIR.	
	35 - 77									
	McKenna VER IN U. S. ARMED FO	RCES2 16	SOCIAL SECURITY NO.	7. INFORMANT	isan He	arey	Address			
(Yes, no, or unknown)	(If yes, give war or dates of	service)	Vone		Edwin	Kee	ch 905		siana	Ave.
	ATH Enter only one car			HILD O	• IJUW III	1766	CII JOO	Dour	INTERVAL BET	
	ATH WAS CAUSED BY		CHRONIC	MYOCAF	STTTG				mon	DEATH
Llas	IMMEDIATE CAUSE (o)	OILIONIO	MILOUM	DIIID				MOH	0112
7	DUE TO		CORONAR	V SCLEE	OSTS					100
Conditions, if	ediate couse)	0 011 011111	1 20111	.0010	-				
(a), stoting the	underlying DUE TO									
	THER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH B	SUT NOT RELATED	TO THE TERMINA	AL DISEASE	CONDITION GI	VEN IN PART	1(o) 19. WA	S AUTOPSY
9			FT FEMUR		4 20		51-11		YES [NO X
20g. EXTERNAL CA	AUSE WAS 2	Ob. DESCRIBE	HOW INJURY OCCURRE	D. (Enter noture o	f injury in Port 1	or Part II o	of item 1B.)			
		FELI	L AT HOME	TRYING	TO GET	IN	BED			9
Hour o. m			NJURY OCCURRED 20e.	PLACE OF INJUS	Y (Home, form,	20f. (City	or town)	(Cou	nty)	(Stote)
10:00 m	July 7 19	60 at wo	Not while	Home		Cu	mberla	nd. A	1100.	Md.
		e of the r	emoins described							
ZI. I CEITITY		courses 13	Accident .	Suicide .	Homicide [7, Un	determined	cause 🗌		
	d from: Natural	COOSES I						-		
	d from: Natural	cooses []	011	,						
deoth resulte	d from: Natural	et.	Shitar	LI CHI CHII	F MEDICAL EXA	MINER [DATI	E SIGNED
deoth resulte	Benedi	et	Shitare	CALLET .	F MEDICAL EXAV	17 1			DATI	E SIGNED
deoth resulte	Benedi	et	Shitares	ASSI		EXAMINER		GUST		e signed
deoth resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL CREMATI	BENEDICT ON, 226. DATE THERE	SKIT	Skitare	D. DEPI	STANT MEDICAL JTY MEDICAL EX	EXAMINER C		M.M.M.	3, 1	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMATI REMOVAL (Specif	BENEDICT ON, 226. DATE THERE	SKIT	Skitares	ASSI D. DEPI	STANT MEDICAL JTY MEDICAL EX	EXAMINER C	K AU	or county)	3, 1	960
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL CREMATI REMOVAL (Specif BUT 1 & 1	BENEDICT ON, 226. DATE THEREO ST. S SIGNATURE	SKIT	Sk tares ARELIC, M. 22c. NAME OF CEMETERY	ASSI D. DEPI OR CREMATORY & Pau.	STANT MEDICAL JTY MEDICAL EX	EXAMINER C	K AUI ION (City, town, Imberla RAR 24b. REG	or county)	3, 1	960
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	BENEDICT	SKIT	Skitares	D. DEPI	STANT MEDICAL JTY MEDICAL EX	EXAMINER C	K AU	M.M.M.	3, 1	960

VS. A15ME(5) 5M 9/55

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			ALL DESTRUCTIONS	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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08637

0000								
1. PLACE OF DEATH o. COUNTY ALLEGATY	ζ,	MARYLAND		USUAL RESIDENCE (Who STATE MARY)		d. If institution: b. COUNTY	Residence bet	
b. CITY OR TOWN (If outside corpor RURAL ond give nearest town)		c. LENGTH OF STAY IN 18	4	c. CITY OR TOWN (IF or	stride corporate li		Al and give n	earest town)
d. NAME OF HOSPITAL (IE not in ho OR INSTITUTION 430 V	spital, give street INE STRE		1	d. STREET ADDRESS 430 VII	NE STREE	T		e. IS RESIDENCE ON A FARM? YES NO F
3. NAME OF DECEASED (Type or print)	First HARLES	Middle MILLESON		Lost HINES	4. DATE OF DEATH	Month 8	/ 12	Pay Yeor + / 19 60
S. SEX 6. COLOR OF Whi		IED NEVER MARRIED DIVORCED	B. D/	TE OF BIRTH Feb. 14, 18			UNDER 1 YEA Aanths Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if	f retired)	KIND OF BUSINESS OR INI Own shop	DUSTRY	11. BIRTHPLACE (Stote of Romney,)		S.A.
3. FATHER'S NAME			14	. MOTHER'S MAIDEN N	AME			
James Hi					n Shank			
1S. WAS DECEASED EVER IN U. S. ARM (Yes. no. or unknown) (If yes, give wor or		SOCIAL SECURITY NO. 17	, INFOR	mant onald Hines,	, 428 Vi	Address ne St.,		rnport, Md
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	ED BY: AUSE (a) DUE TO (b) DUE TO (c)	Septime & Septime & Septime & CONTRIBUTING TO DEATH B	SUT NOT	FELATED TO THE TERMIN	NAL DISEASE COI	ndition Given	2	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICAL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INJURY Month, D Haur o. m. P. m.	Oy, Year 20d. II	CRIBE HOW INJURY OCCUR NJURY OCCURRED 20e. k	PLACE	nter nature of injury in P DF INJURY (Hame, farm, street, office bldg., etc.	20f. (City or to		(Caunt)	y) (State)
21. I certify that (I) (this has saw the deceased alive an 22a. SIGNATURE) 22c. PHYSICIAN'S NAME (Type)		led the deceased fram 112, and tha		ATTENDING A. ME	D ST	4		that (I) (we) last te stated abave. 22b.DATE SIGNED
23a. BURIAL, CREMATION, 23b. DATE BUREMOVAL (Specify)	THEREOF 17, 1960	23c. NAME OF CEMETERY Philos C			23d. LOCATION Weste:	(City, tawn, ar	county)	(State) Md.
24. FUNERAL DIRECTOR'S SIGNATURE	7 Weste	ADDRESS	0324		BY REGISTRAR		RAR'S SIGNAT	URE

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be remained by the hospital or attending physician.

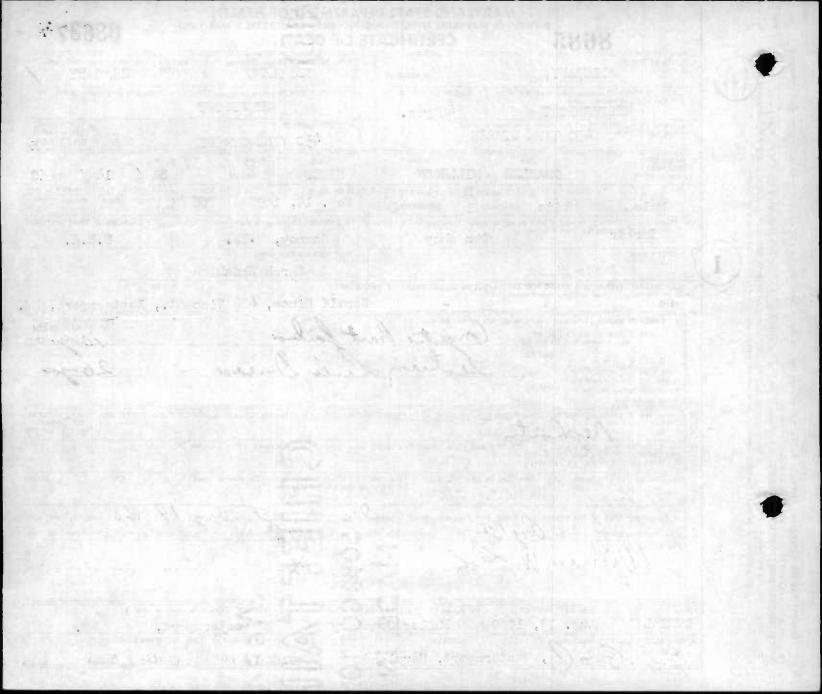
TO FUNERAL DIRECTOR: Aft.

To FUNERAL DIRECTOR: Aft.

To FUNERAL DIRECTOR: Aft.

To FUNERAL DIRECTOR: Aft.

The following physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be fit the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief M. al Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, chican. ar remayal,

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		U	0	0	D	E
Reg.	Dist.					
						-

), PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where do. STATE	. b. COUNTY	n: Residence bef	ore admission)
Allegany	MARYLAND	Maryla	ind	Alleg	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give reporest town) Rural Cumberland	c. LENGTH OF STAY IN 16	Rural C	corporate limits, write RU Sumberland	JRAL and give ne	egrest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
Potomac Park		Potomac Par	k		YES NO
3. NAME OF First DECEASED	Middle	Last 4. DA		Day	Year
	ANKLIN JEFFI	TICED	ATH August	8	1960
5. SEX Male 6. COLOR OR RACE White Widowed	DIVORCED D	May 28.1877	Sent Adda to 1	Aonths Days	Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b, KI during most of working life, even if retired) Fireman	nd of Business or indust Railroad	RY 11. BIRTHPLACE (State or fore	ign country)	USA	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Richard Jefferys		Ellen Sn	vder		
	OCIAL SECURITY NO. 17. II	IFORMANT	Address		
No 21	5 16 4304 I	Roy E. Jefferys	Route 5,0	umberla	nd. Md.
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		LUSION		INTER	VAL BETWEEN V AND DEATH UDDEN
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	CORONARY	SCLEROSIS			giver given days days gave
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN		PERFORMED?
	HOW INJURY OCCURRED. (E	nter nature of injury in Part I ar Pa	ort II of item 18.)		
Hour o. m. While		E OF INJURY (Home, form, lary, street, office bldg., etc.)	(City or town)	(County)	(State)
21. I certify that I taok charge of the redeath resulted from: Natural causes			Inspection X, Undetermined cou	Inquiry [X], use [].	and find that
ACTUAL BENESLET SE	tarelia)	_M.D. CHIEF MEDICAL EXAMINE			DATE SIGNED
EXAMINER'S BENEDICT SKITARE	LEC, M.D.	DEPUTY MEDICAL EXAMIN		10, 196	50
REMOVAL (Specify)	2c. NAME OF CEMETERY OR Maplewood Ceme		OCATION (City, town, or of Kingwood, W.		(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS rland, Md.	24a. REC'D BY RE	GISTRAR 24b. REGISTR	AR'S SIGNATUR	-

Section 10 to 10 t

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8674

	1. PLACE OF DEATH O. COUNTY, Allegany	ARYLAND 2.	USUAL RESIDENCE (Whe	ere deceased lived	d. If institution b. COUNTY	Residence before	e admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg	TAY IN 1b	c. CITY OR TOWN (If ou		mits, write RUF	RAL ond give nea	rest town}
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Miners Hospital		d. STREET ADDRESS Tslan	d Stre	et	(e. IS RESIDENCE ON A FARM? YES NO
	DECEASED	ddle	Lost	4. DATE OF	Month	Doy	y Year
	(Type or print) Charles G.		fries	DEATH	August		1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA White Widowed Divo	0.000	bruary 17.	1880		Months Days	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most af working life, even if retired)	SS OR INDUSTRY)	12. CITIZEN OF	WHAT COUNTRY?
	Retired Miner Coal Mir		Frestburg		land	U.S.	A
	John M. Jeffries		Ruth 7	obey			
	1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes, give war or dates of service)	Ru	ssell Jeff		Lonac	ening,	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Cerebr	(c).]	"Nephew"	Acc.	iden	ONS	ET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. DUE TO DUE TO (b) Arteria	scler	-otic Ca	rdicVa	scula	r Pisea	ioyr,
C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CON	IDITION GIVEN	N IN PART 1(0) 15	9. WAS AUTOPSY PERFORMED? YES NO
-	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED. (E	Enter nature of injury in Po	ort I or Part II of	item 18.)		
7	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at wark of twork	20e. PLACE factory	OF INJURY (Hame, farm, ,, street, office bldg., etc.)	20f. (City ar to	wn)	(Caunty)	(State)
	21. 1 certify that (I) (this hospital) attended the decease sow the deceased alive an 1960, a		th occurred at 3.30 /				at (I) (we) lost
	220. SIGNATURE.	M.D	ATTENDING MEI	D ST	AFF		22b. DATE SIGNED
9	22c. PHYSICIAN'S NAME (Type) Alvin J. Wasters	M.D.	22d. ADDRESS 48 Broad	way.	Frosi	thurg	, Md.
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF (CEMETERY OR CE	REMATORY	23d. LOCATION	(City, town, or	county)	(Stote)
	Burial 9/2/60 Memor	ial Par	rk	Fres	tburg.	Me	d.
C	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		2Sa. REC'D	BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATUR	!E
	George Eichhern Lonacon	ing.	Md. DATE SE	P 6 '60	at	hun & Kan	

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and the same	Proctemy, Marylan	Conl Wire	Tentil b	Rabin
	Appel Kur	ini	Onel II ac	
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LTIMORE 1, MARYLAND H

	DIVISION OF STATISTICAL RESEARCH AND RECORDS -	BAI
648	CERTIFICATE OF DEA	T

08640

o. COUNTY	LLEGANY	MARYLAND	2. USUAL RESIDENCE (* o. STATE MARY	b.	COUNTY	Residence befor	
RURAL ond give	0,	21 DAYS	c. CITY OR TOWN (I	f outside corporate limi	its, write RURA	AL and give nea	rest town)
OR INSTITUTION	ITAL (If not in hospitol, give	street oddress)	d. STREET ADDRESS	•			ON A FARM
3. NAME OF DECEASED (Type or print)	First JOH	Middle	Last JONES	4. DATE OF DEATH 8	Month 28-60	Da	y Yeor
S. SEX MALE		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	lost	1 1 11 1	UNDER 1 YEAR Aonths Days	Hours Mi
Laboration during most of weather Laboration 13. FATHER'S NAME	rking life, even if retired)	Domestic works	CUMBER LA 14. MOTHER'S MAIDEN	ND MD NAME		12. CITIZEN OF	WHAT COUNT
JOHN BO 15. WAS DECEASED E (Yes, no, or unknown) NO	VES VER IN U. S. ARMED FORCES' (If yes, give war or dates of service)	0	SUSAN ST INFORMANT MEMORIAL HOSP	ITAL. CUMBE	Address		
	immediate DUE TO	ONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TER	2 C L X - C 17		1	9. WAS AUTOP PERFORMED YES NO
OR CONTRIBUTION	G CAUSE OF DEATH Y-MEDICAL EXAMINER) JRY Month, Doy, Year		RED. (Enter noture of injury PLACE OF INJURY (Home, for octory, street, office bldg.	orm, 20f. (City or low)		(County)	(Ste
saw the dece 220. SIGNATURE	oat (1) (this hospitol) a osed olive an 27 a		M.D. ATTENDING M.D. PHYS.	Med. staff	ouses and	8/28/	
23a. BURIAL, CREMAT REMOVAL (Specif BUTIAL) 24. FUNERAL DIRECTO Byron 1	Aug. 31, 1960	Sumner Cemet Address Cumberland, Mo	ery 250. RE	23d. LOCATION (C Cumber] C'D BY REGISTRAR	and, M		

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	Ü		TO FUNERAL DIRECTOR: Power should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial.	

VS. A15ME(5) 5M 9/55

8	649 MI	EDICAL em 12. I	EXAMINER	'S CERTIFICA	ATE OF DEATH	Reg. Dist. N	08641
1. PLACE OF DEAT	н			2. USUAL RESIDENCE	(Where deceased lived. If Inst		fore admission)
	llegany		MARYLAN	o. STATE Mary	land b. COUR	Allegar	Y
b. CITY OR TOW	N (If outside corporate limits, wri	te RURAL C.	LENGTH OF STAY IN 1		(If outside corporate limits, wri	ite RURAL and give	nearest town)
	mberland			Od Cumbe	erland		
	SPITAL OR INSTITUTION	(If not in hospital	, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
Memorial	Woenital			824 Harvard	d Ave.		YES NO
3. NAME OF		rat .	Middle	Last	4. DATE Mo	nth Day	
(Type or print)	Reni	amin		Levin	DEATH August	9	19 60
5. SEX			NEVER MARRIED		9 AGE (In years	IF UNDER TYEAR	
Male	White	WIDOWED	El a sur	JANUADYES	Sixua 76 yr	Months Days	Hours Min.
Oo. USUAL OCCUP	ATION (Give kind of work	done 10b. KIND	OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Ste	ate or foreign country)	12. CITIZEN C	F WHAT COUNTR
during most of w	orking life, even if retired)			Russia		U. S	
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAMF	70,0	
1				Unkn			
Unkr	EVER IN U. S. ARMED FO	DRCESS IN SOC	IAL SECURITY NO. 17	INFORMANT	OWID. Addre	***	
(Yes, no, or unknown)	If yes, give war or dates of	f service)					
				oseph Levin	Cumberland, Ma		
	DEATH [Enter only one co	use per line for (a), (b), and (c).			INTE	RYAL BETWEEN ET AND DEATH
PART I.	DEATH WAS CAUSED BY IMMEDIATE CAUSE (or	Cor	conary Occ	lusion		2	-3 Hrs.
140	DUE TO						
Conditions,	f any, which) (b	Co	oronary Sc	lerosis		1	-
	mediate cause						
couse lost.	he underlying DUE TO	1					
Z PART II.	OTHER SIGNIFICANT CON	IDITIONS CONTR	RIBUTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASE CONDITION O	SIVEN IN PART 1(a)	
PART II.			11.00				PERFORMED? YES NO TO
200 EXTERNAL	CALISE WAS 2	ON DESCRIBE HO	W INHIPY OCCUPPED	. (Enter nature of injury in P	Part I or Part II of item 18)		TES
20g. EXTERNAL PRIMARY OF CAUSE OF DEA	CONTRIBUTING []	ob. Describe fic	TO INDOK! OCCORNED	. temer notate of injery in t	off for for it of them to.,		
		00 t mini	DY OCCUPED TOO.		Tank into		400
20c. TIME OF II	NJURY Month, Day, Ye	While		LACE OF INJURY (Home, for actory, street, affice bldg., a		(County)	(Stote)
ž p.	m. 19						
21. I certify	that I taak charge	e of the rem	ains described a	bave, held an statio	spection x	, Inquiry	and find the
death resul	ted fram: Natural	causes 📆,	Accident S	ivicide , Hamicio	de , Undetermined	cause .	
	1	. 1.	1				
ACTUAL	/d	1.10.7	Treled	CHIEF MEDICAL	EXAMINER [DATE SIGNED
SIGNATURE_	Juneaux	XICLU		M.D.	ICAL EXAMINER		
EXAMINER'S	Benedict Ski	iterelic		DEPUTY MEDICA	L EVALUACION (ST	ust 9. 1	960
	ATION, 226. DATE THERE		NAME OF CEMETERY		22d. LOCATION (City, town		(Stote)
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		2/00 20		,	Cumberland,		DE
23. TOTTENAL BIRES	TOR'S SIGNATURE		ADDRESS	24o. RE	C'D BY REGISTRAR 24b. REG	GISTRAR'S SIGNATU	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOKE, 18

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AL EXAMINER: This certificate should be exec	e, writing the word "pending" in pencil in Item	Chief M al Exominer's Office olong with fo	TOR: Post 3 should be used as a burial-transit
ICAL EXAMINER: This certificate should be exec	ote, writing the word "pending" in pencil in Item	e Chief M al Exominer's Office olong with fo	ECTOR: Power 3 should be used as a burial-transit
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ITY MEDICAL EXAMINER: This certificate should be exec	e certificate, writing the word "pending" in pencil in Item	ded to the Chief M al Exominer's Office olong with fo	RAL DIRECTOR: Ported 3 should be used as a burial-transit
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please exe-	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	farworded to the Chief M al Exominer's Office olong with fo	TO FUNERAL DIRECTOR: Port 3 should be used as a burial-transit

1		ACE OF DEATH COUNTY				2. USUAL RESIDENCE		b. COUNTY		
VI	<u> </u>		llegany	t. augus	MARYLAN	Mar	yland		Allega	
	D.	and give nearest town	outside corporate limits, w	mie KURAL	c. LENGTH OF STAY IN	c. CITY OR TOWN	(It outside carpor	ate limits, write RURA	AL ond give n	nearest tawn)
		Cumberla			years		mberland			
X	d.		arrison S		spital, give street address)	d. STREET ADDRES		on Street		e, IS RESIDENCE ON A FARM YES NO
	D	AME OF ECEASED		First	Middle	Lost	4. DATE	Month	Day	Year
	(T	ype or print)	CHAR	LES	ROSS	LUMAN	DEATH	Augus	t 4	1960
	5. SE	×	6. COLOR OR RAC	E 7. MARRIE	ED W NEVER MARRIED	8. DATE OF BIRTH	9.	A . A A CAL A .		IF UNDER 24 H
100		Male	White	WIDOWED	D DIVORCED	March 28.1	881.	76 yrs. Mon	oths Doys	Hours Min.
	10a.	USUAL OCCUPATION	ON (Give kind of war	k dane 10b. K	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SE	ate or fareign cou		. CITIZEN O	F WHAT COUNT
			g life, even if retired				, ,			A DE LA FILL
		Retired C	onductor		R& O Railroad	Dry Ri	age, Pen	rsylvanial	U.S	-A-
	10. 1	ATTIER S TOME		Fig. 1		14. MOTHER 3 MAIDE	IN INAME			
	,	Barton Lu	man ER IN U. S. ARMED F				stina Sh			
* /	15. V	WAS DECEASED EV	ER IN U. S. ARMED F		SOCIAL SECURITY NO. 17	7. INFORMANT		Address C	umberl	and, Md.
1		No		70	05-03-9959	Mrs. Bruce	Luman 22	23 Harriso	n Stre	et
	1	8. CAUSE OF DEA	TH [Enter only one c	ause per line	for (a), (b), and (c).]				INTER	RVAL BETWEEN
		PART I. DEAT	H WAS CAUSED BY		Unomia					ET AND DEATH
		911	IMMEDIATE CAUSE		Uremia				-	week
1		11 1	DUE TO	0						
			ny, which)	(b)	Third degr	ee burns of	chest and	neck		
		Canditions, If a								
		Candilions, It'a gave rise to immed (a), stating the d	fiale cause	0						
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0		gave rise to immed (a), stating the cause last.	diale cause DUE To	(c)	DNTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN IN	N PART 1(a) 1	9. WAS AUTOPS
0		gave rise to immed (a), stating the cause last.	diale cause DUE To	(c)	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN IN		PERFORMED?
0	CATION	gave rise to immed (a), staling the cause last. PART II. OTH	diale couse DUE To	(c)ONDITIONS CO						9. WAS AUTOPS PERFORMED? YES NO
0	CATION	gave rise to immed (a), staling the cause last. PART II. OTH	diale couse DUE To	ONDITIONS CO	E HOW INJURY OCCURRED). (Enter nature of Injury in	Port I ar Part II of			PERFORMED?
0	CERTIFICATION	gave rise to immedical, stating the couse last. PART II. OTHER COUNTY OF CO	diale couse of the property of	c) DNDITIONS CO 20b. DESCRIBE Burned	E HOW INJURY OCCURRED). (Enter nature of Injury in	Port I ar Part II of	item 18.)	,	PERFORMED? YES NO
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0 01	MEDICAL CERTIFICATION	gave rise to immed (a), stating the cause last. PART II, OTH Oo. EXTERNAL CAL PRIMARY Or COI AUSE OF DEATH. OC. TIME OF INJUI 5:00p. m.	DUE TO DU	20b. DESCRIBE Burned fear 20d. 1 While 960 at we	E HOW INJURY OCCURRED Self While INJURY OCCURRED 20e. Not white at work St Ho	D. (Enter nature of Injury in Lighting Ping Ping Place of INUR (Home, footory, street, office bldg.,	Port I ar Part II of e arm, 20f. (City or etc.)	item 18.) town) arrison St	(County)	PERFORMED? YES NO (Stote
0 01	MEDICAL CERTIFICATION	gave rise to immed (a), stating the grave last. PART II. OTH Oa. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH. OC. TIME OF INJUI Hour on m. 21. I certify the	JEE SIGNIFICANT CO JEE SIGNIFICANT CO JEE WAS WAS WITHBUTING TO RY Month, Day, Y May 23 19 and I fook charge	20b. DESCRIBE Burned fear 20d, 1 960 at wo	E HOW INJURY OCCURRED Self While INJURY OCCURRED Not white at work St Ho remains described a	D. (Enter nature of Injury in Lighting Pipe Place of INJURY (Home, forctory, street, office bldg., Me bove, held an Auto	Port I or Part II of e arm, 20f. (City or etc.) 223 He psy , Ins	item 18.) fown) arrison St pectian X, In	(County) . Gum	PERFORMED? YES NO (Stote
0 01	MEDICAL CERTIFICATION	gave rise to immed (a), stating the grave last. PART II. OTH Oa. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH. OC. TIME OF INJUI Hour on m. 21. I certify the	JEE SIGNIFICANT CO JEE SIGNIFICANT CO JEE WAS WAS WITHBUTING TO RY Month, Day, Y May 23 19 and I fook charge	20b. DESCRIBE Burned fear 20d, 1 960 at wo	E HOW INJURY OCCURRED Self While INJURY OCCURRED 20e. Not white at work St Ho	D. (Enter nature of Injury in Lighting Pipe Place of INJURY (Home, forctory, street, office bldg., Me bove, held an Auto	Port I or Part II of e arm, 20f. (City or etc.) 223 He psy , Ins	item 18.) fown) arrison St pectian X, In	(County) . Gum	PERFORMED? YES NO (Stote
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0 01	MEDICAL CERTIFICATION	PART II. OTH On. EXTERNAL CAL PART II. OTH On. EXTERNAL CAL PART II. OTH On. EXTERNAL CAL ON. EXTERNAL CAL ON. EXTERNAL CAL ON. TIME OF INJUI SIGNATURE EVALUATE TO THE OF INJUI ON. TIME OF INJUI SIGNATURE EVALUATE TO THE OF INJUI SIGNATURE	Jise was STRIBUTING WAY 23 11 at 1 took charge from: Natura	DNDITIONS CO 20b. DESCRIBE Burned fear 20d. I While 960 at wo ge of the r	Self While Not white at work at Ho remains described at Accident (),	D. (Enter nature of Injury in Lighting Pipe Place of INJUR? (Home, footory, street, office bldg., IME bove, held an Auto Suicide , Homici ASSISTANT MEDICAL	Port I ar Part II of e arm, 20f. (City or etc.) 223 HE psy , Insl ide , Und	item 18.) fown) arrison St pectian X, In etermined cause	(County) • • Gum quiry 1	(State signed
0 01	MEDICAL CERTIFICATION	gave rise to immed (a), stating the scause last. PART II. OTHE OF INJUI 5: OOp. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) B	DUE TO SIGNIFICANT CO SEE WAS STRIBUTING TO WAY 23 11 took charge from: Natura Penedict Significant Co	Directions Conditions	Self While INJURY OCCURRED INJ	D. (Enter nature of Injury in Lighting Pipe Pipe Pipe Pipe Pipe Pipe Pipe Pipe	Port I or Part II of earm, 20f. (City or etc.) 223 He psy , Ins ide , Und LEXAMINER D DICAL EXAMINER [item 18.) fown) arrison St pectian X, In etermined cause	(County) Oum oquiry 1 e	(State signed
0 01	MEDICAL CERTIFICATION	gave rise to immed (a), stating the scause last. PART II, OTH OC. EXTERNAL CAL RIMARY Or COI ACC. TIME OF INJUI 5: OOp. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL CREMATIO REMOVAL (Specify)	Jack Couse and or support of the significant course of the significant	20b. DESCRIBE Burned fear 20d. 1 960 at wo ge of the r il causes kitarel	Self While INJURY OCCURRED INJ	D. (Enter nature of Injury in Lighting Pipe PACE OF INJURY (Home, force), street, office bldg., IMP (bove, held an Auto Suicide , Homici ASSISTANT MEDICAL DEPUTY MEDICAL OR CREMATORY	Port I or Part II of earm, 20f. (City or elc.) 223 He psy, Insi ide, Und L EXAMINER DICAL EXAMINER 22d. LOCATIO	item 18.) rown) arrison St pectian X, In etermined cause August IN (City, tawn, or cou	(County) , Cum quiry 1 e	(State)
0	MEDICAL CERTIFICATION	gave rise to immed (a), stating the accuse last. PART II. OTHER OF INJUIDANCE OF DEATH. 20c. TIME OF INJUIDANCE OF INJUIDANCE OF DEATH. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BUT 1 2 1	DUE TO STAND	20b. DESCRIBE Burned fear 20d. 1 960 at wo ge of the r il causes kitarel	Self While Self While INJURY OCCURRED Not white at work at Ho remains described at Accident A. Lic, M.D. 122. NAME OF CEMETERY D. Sunset Memore	D. (Enter nature of Injury in Lighting Pipe PACE OF INJURY (Home, forcer), street, office bldg., IMP (bove, held on Auto Suicide , Homici ASSISTANT MEDICAL ASSISTANT MEDICAL OR CREMATORY OF IAI Park	Port I or Part II of earm, 20f. (City or efc.) 223 He psy , Ins ide , Und EXAMINER DICAL EXAMINER [AL EXAMINER [22d. LOCATIC	town) arrison St arrison St pectian M, In etermined cause August N (City, town, or county)	(County) , Cum quiry e 7, 1 unty) Mary	(State)
0	MEDICAL CERTIFICATION	gave rise to immed (a), stating the scause last. PART II, OTH OC. EXTERNAL CAL RIMARY Or COI ACC. TIME OF INJUI 5: OOp. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL CREMATIO REMOVAL (Specify)	DUE TO STAND	20b. DESCRIBE Burned fear 20d. 1 960 at wo ge of the r il causes kitarel	Self While INJURY OCCURRED INJ	D. (Enter nature of Injury in Lighting Pipe PACE OF INJURY (Home, footcory, street, office bldg., IMP) bove, held an Auto Suicide , Homici ASSISTANT MEE DEPUTY MEDICAL OR CREMATORY DIA PARK	Port I or Part II of earm, 20f. (City or efc.) 223 He psy , Ins ide , Und EXAMINER DICAL EXAMINER [AL EXAMINER [22d. LOCATIC CTUT EC'D BY REGISTRA	item 18.) town) arrison St pectian X, In etermined cause August IN (City, town, or counterland R 24b. REGISTRAR	(County) , Cum quiry e 7, 1 unty) Mary	(State)

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V	certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld t	ed to the Chief M. pl Exominer's Office along with farm PM3. Page 5 may be retained for your files.	AL DIRECTOR: Post 3 should be used as buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, ch.
ž	8	2º	SE SE
Y MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. It any delay is necessary, please ex	压	0	5
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VS. A15ME(5) 5M 9/55

M	ARYLAND ST	ATE DEPARTME	INT OF	HEALTH-	-BALTIMO	DRE,
8651	MEDICAL	EXAMINER'S	CERT	IFICATE	OF DEA	TH
				DECIMENSOR IVA	A	06 1 his

IMC	ORE,			na	36	43
			g. Dist.	No.		
lived.	If Insti	tution	Residence	e befo	re odr	nissian)

	PLACE OF DEATH				11	SIDENCE (Where dece				nissian)		
V	ALT, "G	ANY		MARYLAND	o. STATE	LIVITTIMAN						
t	ond give nearest town)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 1b	c. CITY OF	TOWN (If autside co	orporate limits, write	RURAL and giv	re nearest to	own)		
	CIMBIRLAN	D		The 17 days	0.3	CUMBURLAND						
1			If not in ho	ospitat, give street address)	d. STREET	ADDRESS				RESIDENCE A FARM?		
	SACRED	HEART HOSE	TTAL			27 N. LIBERTY STREET YES						
3.	NAME OF	Fir		Middle	Las		Mont	h D	ay	Year		
	DECEASED (Type or print)	LOI	ETA	BELL	MC CO	RMICK DEATH	8		15	19 60		
5. 9	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	DATE OF BIRTI	4	9. AGE (In years last bipthday)	IF UNDER TYE		1		
	F	WHITE	WIDOW	ED DIVORCED	10/25	/94	65 уп.	Months Day	s Hours	MIn.		
100	USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPI	ACE (State or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY?		
1	during most of warking	None				IOWA		U	S.A.			
13.	FATHER'S NAME					MAIDEN NAME	/ X					
	UTILLIAN	HOUT	(D.(CELES	TE CENTERS	5 (D)					
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT		Address					
(Ye	s, no, or unknown)	(If yes, give war or dates of	service)	None W	Villian	n McCormi	ck Cu	nberla	nd. I	D.		
F	18. CAUSE OF DEAT	H [Enter only one car	use per line	o for (o), (b), and (c).]		(SON)		1	NTERVAL BETW	/EEN		
	PART I. DEATH	WAS CAUSED BY		Pulmonary e	mholdem	magaista			STAND DI			
	EAC	MMEDIATE CAUSE (o		- Stratification - c	IIIOOTESIII	Massive			Siluu	E(1		
	2.7.8	DUE TO		Datamanatta		leria bamat	3:00		0	la m		
	Canditions, if an	ate couse	}	Retroperito	near pe.	TATC Heman	oma, dilli	use	2 wee	KS		
1	(a), stating the u											
7		FR SIGNIFICANT CON		ONTRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 10	119. WAS	AUTOPSY		
OT	I AKI III OVIII								YES OF	ORMED?		
5	20g EXTERNAL CALL	SF WAS 2	b. DESCRI	BE HOW INJURY OCCURRED. (Enter nature of i	niury in Port I or Port	II of item 18.1					
CERTIFICATION	20g. EXTERNAL CAUSE OF DEATH.	TRIBUTING -										
	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY	Home, farm, 20f. (C	ity or town)	(County)	(State)		
MEDICAL	Hour o. m.	19	Whi	ile Nat while fac	lary, street, affic	e bldg., etc.)						
2	p. m.	1		remains described abo	ve held ar	Autonsy [7]	Inspection X	Inquiry	7 and	find that		
				Accident , Su			Undetermined		M., dild	TITICA TITICAL		
	death resulted	rrom: Natural	conses	Accident L, su	icide [,	Tamicide [_],	Underermined	cuose [
	ACTUAL /3	1	1	ketarolie	CHIEC	MEDICAL EXAMINER			DATE	SIGNED		
	SIGNATURE	enedic	171	Ruarelle								
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220	RE/ROVAL (\$ pecily)		960	Oak Hill Co	emetery		ATION (City, town,	ar county)	(Sic	ole)		
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23.	GEORGE E	EICHHORN			TI ATT	24o. REC'D BY REG						
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EXF.	writin	nief A	OR: Pc
DICAL	icate,	the Ch	RECTC
UTY MEDICAL EXF. "NER: This certificate should be executed within 24 hours ofter death. If ony delay is necessory, please exe-	the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 show be	ed to	ERAL DIRECTOR: Puge 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta burial, and all on a
7	2	0	144

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8652 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 644

	CE OF DEATH			MARYLA		2. USUAL RESIDENCE	(Where dece	b. COUNT	v	nce bel		ssion)
b. C	ITY OR TOWN (IF a	Illegany outside corporate timits, write	RURAL	c. LENGTH OF STAY IN			4	rporate limits, write				wn)
	and give nearest town			201								
d. N	Cumber LE		If not in I	DOA nospitat, give street address)		d. STREET ADDRESS	nberlan	ia			To IC DI	SIDENCE
		1 22		iospiios, give sirees dudiess)		ONAF						A FARM?
		leart Hosp:	tal			48	3 Mario	n Street			YES _	NO D
3. NA	ME OF CEASED	Fin	st	Middle		Lost	4. DATE	Mont	h	Day	Y	ear
(Тур	pe or print)	JOHN		RN	CDO	NAT.D.	DEATH	August		3	1	9 60
5. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED] 8. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	TYEAR	IF UND	ER 24 HRS.
Mai	7 -	White	WIDOW	/ED DIVORCED	T-	75	100/		Months	Days	Hours	Min.
Ma. 100. U	SUAL OCCUPATION	N (Give kind of work	done 10b	KIND OF BUSINESS OR INC	i 비용 DUSTRY	nuary 15	1904		12 CITE	7EN O	F WHAT	COUNTRY?
duri	ng most at warking	lite, even it refired)							1			200.11
	tration I	Dept.	lG∈	elanese Corp.	1.	Eckhart, 1		ıd	U	SA		
13. FA	THER'S NAME				1	4. MOTHER'S MAIDER	NAME					
	William	McDonald				Annie Br	normino	,				
		R IN U. S. ARMED FO		6. SOCIAL SECURITY NO. 1	7. INFO	DRMANT		Address	48 M	ant	on S	treet
		in you give war or ourer or		217-10-4285	Man	Damathan	MaDana	7.2 0				
10		4 [Fotor only one cou	se per lin	e for (a), (b), and (c).	MILS	. Dorothy	McDona	Laumi	erlan		Mary	
10		WAS CAUSED BY	on pur un		Dar	000000000000000000000000000000000000000				ONSE	T AND DEA	TH
	1	MMEDIATE CAUSE (0)		CORONA	RY	OCCLUSION				S	UDDE	N
	420	DUE TO										
C	anditions, if any	y, which) (b)			COR	ONARY SCLE	EROSIS					_
	ove rise ta immedi											7
), stating the ur	derlying								10		
_) (c).		CONTRIBUTING TO DEATH B	UZ NIO							
0	PARI II, OTHE	K SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UI NOI	I KELATED TO THE TEN	MINALDISEA	SE CONDITION GIV	EN IN PARI	1(0) 1	PERFO	RMED?
3										1	YES 🗌	NO 🔣
CERTIFICATION	a. EXTERNAL CAUS IMARY ar CONT LUSE OF DEATH.	TRIBUTING [b. DESCR	IBE HOW INJURY OCCURRED	D. (Ente	er noture of injury in f	ort t ar Port I	I of item 18.}		5	4	1
20.	c. TIME OF INJURY	Month, Day, Yea			PLACE	OF INJURY (Home, fo	orm, 20f. (Cit	y or tawn)	(Cou	nty)	40.	(Stote)
AED AED	Hour o.m.	19	Whot	ile Not while	ractory	, street, affice bldg.,	HC.)					
21	. I certify the	at I took charge		remains described o	bove	, held on Autor	osy \square .	Inspection ,	Inquir	VI.	and f	ind that
				Accident [],			_	Indetermined of	-	T.	, und i	ma mai
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-	CTUAL 1	, 1	.1	11-	1	,					DATE S	IGNED
	GNATURE_A	enedia	Z	Betarele	a/h	A.D. CHIEF MEDICAL	EXAMINER []			DAIL	
				/		ASSISTANT MED	ICAL EXAMIN	ER 🔲				
N.	CAMINER'S AME (Type)	BENEDICT SE	CTTAF	RELIC. M.D.		DEPUTY MEDICA	L EXAMINER	M Augus	t 3.	19	60	
220. BL	JRIAL, CREMATION	, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOC/	ATION (City, town,	or county)		(State)
_	nrial	Ang. 6.	1960	Hillcrest B	ria	1 Park	Cumbe	erland. Ma	rvlan	d		
	VERAL DIRECTOR'S		1	ADDRESS			C'D BY REGIS		TRAR'S SIG		E	
7	oku 7	Hoper	Cu	aberland	7	nd	AUG 9		rilus S.			
_0	- /	U				DATE						

HEAGO TO MEDICAL EXAMINERS CRITICIATE OF DEATH. All the second s Burn Republic (44) A fellow . The street english Swarts to my Carl SA STORY STATE A MINOR COMMON

PLACE OF DEATH a. COUNTY

OF HEALTI					(Dist. No	186	45
STATE Maryla		b. COUNT			dence bel egar		ission)
Cumbe	outside cor		RU	RAL or	nd give n	earest to	wn)
2 Bedfor	rd St.		N				A FARM?
Last	4. DATE OF DEATH	Month Aug.		3,	Day	- 33	9 60
OF BIRTH		9. AGE In years	IF	UNDE	R TYEAR	IF UND	ER 24 HRS.
. 13,1897		62 yrs.	M	onths	Days	Hours	Min.
. BIRTHPLACE (State	or foreign o	country)		12. CI	TIZEN O	F WHAT	COUNTRY
Penna			3		τ	ISA	
NOTHER'S MAIDEN N	IAME						
Mary (Clayco	mb					

Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give negrest town Cumberland 30 vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Memorial Hospital NAME OF Middle DECEASED RUTH MCMITI, IN (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B. DATE Female White Oct WIDOWED M DIVORCED TA 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home 13. FATHER'S NAME 14. N Frank Lane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Ilf yes, give war or dates of service Memorial Hospital Records. Cumberland. Md. No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia 10 days DUE TO Chronic nephritis and pyelonephritis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES. NO 20d, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) WEDICAL Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. a. m. Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection A. Inquiry and find that Suicide , death resulted from: Natural causes [4], Accident Undetermined cause Homicide , ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 13, 1960 SKITARELIC, M.D. AUGUST BENEDICT DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Allegany County Cemetery Cumberland, Md. Burial Aug. 16,1960 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE AUG 15'60 Cumberland, Md. Byron Kight

0 VS. A15ME(5) 5M 9/55

cute the certificate, writ forworded to the Chief FUNERAL DIRECTOR:

DEPUTY MEDICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY ALLEGANY		MARY		USUAL RESIDENCE	(Where deceased	d lived. If instituti b. COUNTY		ore admission	1
	b. CITY OR TOWN (If outside corpore RURAL and give nearest town) CUMBER LAND	ote limits, write	c. LENGTH OF STAY 2 DAYS	IN 1b	c. CITY OR TOWN		rate limits, write R	URAL and give no	earest town)	
0	d. NAME OF HOSPITAL (If not in has OR NATITAL HOSPI	pital, give street a	ddress)		d. STREET ADDRESS	FIELD S	TREET		e. IS RESIDE ON A FA YES N	ARM?
3.	NAME OF DECEASED (Type or print)	First BABY	GIRL Middle	METZ	Last	4. DATE OF DEATH	AUG		9 19	1-
	FEMALE 6. COLOR OR WHITE	RACE 7. MARRII	DIVORCE	A.	UGUST 15,	1960	9. AGE (In years last birthdoy) yrs.	Months Doys	Hours Hours	Min.
1	a. USUAL OCCUPATION (Give kind of during most of working life, even if NONE FATHER'S NAME RAYMOND E • METZ	retired)	(IND OF BUSINESS O		KEYSER	. W.VA.		U.S.	A.	JNTRY?
	. WAS DECEASED EVER IN U. S. ARME es, no, or unknown) (If yes, give war or o		OCIAL SECURITY NO		RMANT EMORIAL HO	SPITAL	- CUMBER		RYLAND	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost.	DUE TO (b) DUE TO (c) IT CONDITIONS CO	ONTRIBUTING TO DE			E			PERFORM	TOPSY AED?
MEDICAL CE		INER)	JURY OCCURRED Not while of wark	20e. PLACE foctor	OF INJURY (Hame, f	form, 20f. (City	or tawn)	(County	y)	(State)
1	21. I certify that (I) (this has saw the deceased alive per 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) DR. H.	~ 111	2 18 0, and		th accurred at 2 ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	the causes ar		22b. D	bave.
23	G. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)		235 NAME OF CEMI	ETERY/OR C	REMATORY	23d. LOCA	TION (City, town,	ar county)	(State)	1
21	FUNERAL DIRECTOR'S SIGNATURE	INCO	ADDRESS	1	214 1	AUG 22		ISTRAR'S SIGNAT		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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o. COUNTY	ALLEGANY		MARYLAND	- 11	o. STATE MARY	T.AND	b. COUNTY		GANY	nission)
RURAL ond give n	If outside corporate limi learest town) BERLAND	ts, write	c. LENGTH OF STAY IN 16	×	C. CITY OR TOWN (IF OF ROUTE # 4.	utside corpoi	rate limits, write RI	URAL ond give	nearest to	own)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g SACRED H		HOSPITAL	i	d. STREET ADDRESS Route 4				ON	RESIDENCE N A FARM? NO X
3. NAME OF DECEASED (Type or print)	Fir		Middle		MONNETH	4. DATE OF DEATH	Mon 8	+ -2,-19	Doy	Year 1960
S. SEX	6. COLOR OR RACE	-	IED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthday) 66 yrs.	Months Do	YEAR IF UN	NDER 24 HRS.
during most of wor	ON (Give kind of work king life, even if retired)	kind of Business or ind Own Home	USTRY		TAND	ountry)		N OF WHA	AT COUNTRY?
13. FATHER'S NAME	NTCHOLA ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	WEBER SOCIAL SECURITY NO. 17. 19-03-9401	INFOR	The second secon	AME	Add			
Canditions, if a gove rise to cause (a), stating lying couse lost. PART II. OT	the under-))	CONTRIBUTING TO DEATH B	UT NO	FRELATED TO THE TERMI	NAL DISEASI	E CONDITION GIV	'EN IN PART 1(PER	AS AUTOPSY RFORMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Day, Ye 19		_ Not while_	PLACE	OF INJURY (Hame, farm, street, affice bldg., etc.	, 20f. (City	t II of item 18.)	(Cou	inty)	(Stote)
	ot (I) (this hospital asset alive on DR. L.	Ley Sey	81.	deat	ATTENDING MEPHYS. DII 22d. ADDRESS 456 N. Cen	R, from	the causes and STAFF PHYS. St. Car			(we) lost ted obave
23a. BURIAL, CREMATIO	ON, 23b. DATE THEREO		23c. NAME OF CEMETERY St. Mary		ematory Cemetery	-	TION (City, town, mberlan		, , , , , , , , , , , , , , , , , , ,	Stote)
24. FUNERAL DIRECTOR James F	s signature . Scarpel	li,	Cumberland,	, Mo		UG 8		STRAR'S SIGN	1 -	

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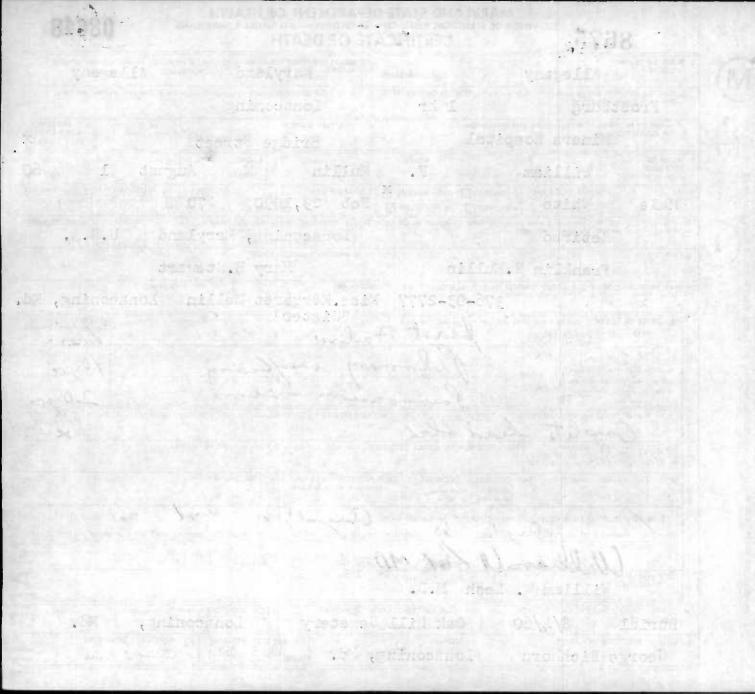
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08648

1.	a. COUNTY	Allegany		MARYLAND		Maryl:	and	o. COUNTY	Alleg	
	B. CITY OR TOWN	(If autside carporate limit parest tawn)	c. LENG1	th of stay in 16	1 1 10	onaco	side carporate lir	nits, write RUI	RAL and give n	earest tawn)
	d. NAME OF HOSP OR INSTITUTION	Miners Ho	spital		d. STREET A		Stree	t		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	William	st	F.	Mullin	1	4. DATE OF DEATH	Augus		Year 60
5.	Male Male	6. COLOR OR RACE White	7. MARRIED NE	EVER MARRIED E	8. DATE OF BIRTH	3,189			Manths Days	AR IF UNDER 24 HRS Haurs Min.
100	during most of wa	ION (Give kind of work of thing life even if getired) Retired	dane 10b. KIND OF	BUSINESS OR IND			foreign country) g, Marj	land		S.A.
13.	FATHER'S NAME	Franklin I	R.Mullin		14. MOTHER'S		y E.Ste	ewart		
	WAS DECEASED EV s, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16. SOCIAL SE Prvice) 376-03	-2777	Miss.Ma		t Mull:	in I	 Lonaco:	ning, Mo
MEDICAL CERTIFICATION	PART I. DE Canditians, if gave rise to cause (a), stoting lying couse last PART II. O 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU Hour a. m. p. m. 21. 1 certify th	immediate put TO (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	DITIONS CONTRIBUTIONS CONTRIBU	TING TO DEATH BUT OCCURRED while ark deceased fram	PLACE OF INJURY (actory, street, affice	THE TERMIN If injury in Po Home, form, e bldg., etc.) All 196 G MEC DIRE	20f. (City or to	vn)	(Count	PERFORMED? YES NO
236	BURIAL, CREMATI	ON, 236. DATE THEREO		ME OF CEMETERY	or crematory Cemeter		Lona Lona	City, town, ar		Md. (State)
24.	George George	r's signature e Eichhorn		ress naconing	, Md.	250. REC'D DATE	BY REGISTRAR 5 '60		trar's signat	



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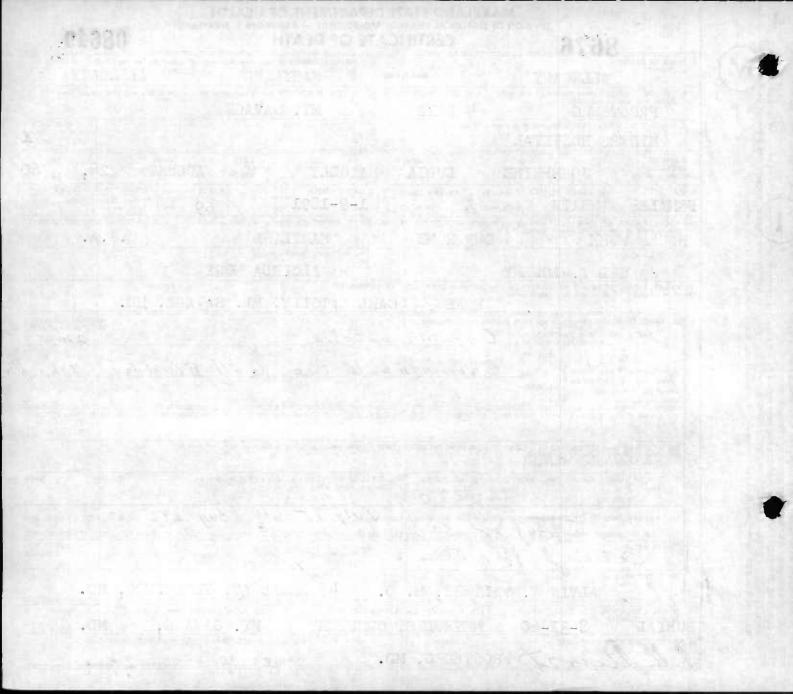
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) FROSTBURG	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. SAVAGE
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION HOSPITAL	street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JOSEPHIN	E LUDIA 1	NATOLLY 4. DATE OF AUGUST 28, 19 60
* * * * * * * * * * * * * * * * * * *	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 1-9-1891 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 24 HRS of birthdoy) 9. AGE (In years left UNDER 24 HRS of birthdoy)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	OWN HOME	MARYLAND U.S.A.
13. FATHER'S NAME SAMUEL T. LOWER	V	ALCINDA YOST
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes. no, or unknown] (If yes, give war or dates of service	? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address RL NATOLLY, MT. SAVAGE, MD.
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDIT		of the Gall Bladder Uhkner NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIB	20d. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State clary, street, office bldg., etc.)
	28 1960, and that c	death occurred at 240 M, fram the causes and an the date stated above ATTENDING MED. PHYS. DIRECTOR PHYS. PHYS.
22c. PHYSICIAN'S NAME (Type) ALVIN J.	WALTERS, M. D.	22d. ADDRESS 48 BROADWAY, FROSTBURG, MD.
23g. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL Specify) 8-31-60	23c. NAME OF CEMETERY OF METHODIST C	EMETERY MT. SAVAGE, MD.
24. FUNERAL DIRECTOR'S SIGNATURE	FROSTBURG, MD.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP 1 260 Cicked & Krone



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

80.10	
1. PLACE OF DEATH O. COUNTY ALLEGANY MA	aryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF ST.	TAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CUMBERLAND, MARYLAND 2 DAYS	
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	504 RIDGEWOOD AVENUE YES NO D
NAME OF First Mid DECEASED (Type or print) SAMUE L	Addle Last 4. DATE Month Day Year OF DEATH AUGUST 28 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
MALE WHITE WIDOWED DIVOR	RCED DECEMBER 1,1886 To Third Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) RETIRED FOREMAN B. & O. I	R.R.CO. MARYLAND Barton U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL NEAT, SR.	MARGARET REES
IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no. or unknown) (If yes, give war or dates of service) 705–05–4	MEMORIAL MORRITAL CHARGELAND MARVIAND
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and	(c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED 8Y: 1 Perphera	I roscular collapse 10 hrs
DUE TO Conditions, if ony, which) the Semendence	I peritoritis 48 hrs
gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO (c) Perforates	I small intestine 60 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\subseteq \)
© OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (County) (State
21. I certify that (1) (this hospital) attended the decease saw the deceased alive on 227 1960, a	sed fram Circa 24 1960 to Circa 27 1960, that (I) (we) last and that death accurred at 12: M, from the causes and an the date stated above
Themas Thereis	ATTENDING MED. STAFF SIGNED PHYS. D
22c. PHYSICIAN'S NAME (Type) DR. THOMAS LEWIS	Algonquin Hotel Cumberland, Md.
PEAAOVAL (Specify)	CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) arg Memorial Park Frostburg, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
James F. Scarpelli Cumberl	Land, Md. DATEFP 1 '60 Gulber & House

	ISLASHED NEW YARD	ATZ CALLANS P	
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	A POSE VIBADAM		
	or _{:::1}		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8657 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 08651

PLACE OF DEATH				2. USUAL RES	and the second second		d lived. If institu	Alleg		mission)
L CITY OF TOWN II	Legany Fourside corporate limits, writ	- DIADAI	c. LENGTH OF STAY IN 1b		Maryl		orate limits, write			lowal
and give nearest town)	4 HONAS					ordie nimis, wille	NOKAL GIIG	give nouron	on ng
Cumber La		If not in how	ital, give street address)	d. STREET A	erland	1		<u>U.S.</u>	le. IS	RESIDENCE
	4 10 10 10 10 10 10			300		7 9	00 De 1+	iman	01	NA FARM?
3. NAME OF			Itimore Ave	Brook			02 Balt			
DECEASED (Type or print)	Fir		Middle	Lost		OF DEATH	Month	20	Doy	Year 1960
5. SEX		T	Neel	DATE OF BIRTH			August 9. AGE (In years	IF UNDER 1	VEAD IF HIN	DER 24 HRS.
M	W. COLOK OK KACE	WIDOWED	D NEVER MARRIED 3 8.	Oct.			lost birthdoy) 59 yrs.		Days Hours	
during most of worki	ON (Give kind of working life, even if retired) Soldier	done 10b. K	IND OF BUSINESS OR INDUSTRIALS Marine		estine	-	expas	12. CITI2	USA	T COUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAM	AE				
Jesse	Neel			Jess	sie	Lewi	is			
15. WAS DECEASED EV	ER IN U. S. ARMED FO	and the same		FORMANT			Address			
Yes, no, or unknown)	War III	Service)	220-28-7646	Mrs. I	R.W.He	lmic	ck 4385	E.14	2nd S	t.
	TH [Enter only one court TH WAS CAUSED BY: IMMEDIATE CAUSE (c)	(for (a), (b), and (c).]	Cleve	land,0	hio	1021		Sud	DEATH
Conditions, if	DUE TO	(oronary	Sch	eras	15			14-	
gove rise to imme (o), stating the couse last.	> DUE TO	136						5-2		
			ONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINA	L DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS PERF YES	ORMED?
PART II. OT	USE WAS NTRIBUTING	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of In	jury in Part I c	or Port II o	of item 18.)			
20c. TIME OF INJU	RY Month, Day, Ye	While	fact	E OF INJURY (I bry, street, affice	lome, form, bldg., etc.)	20f. (City	or town)	(Cou	nty)	(Stole)
21. I certify t	hat I taak charge	of the r	emains described aba	ve, held an	Autopsy [, In	spection .	Inquiry	X, and	I find that
death resulted	fram: Natural	causes 🔀	Accident [], Suid	ide [], H	omicide [], Un	determined o	ouse [].		
	7	,	00 1		15.55					
ACTUAL SIGNATURE	enedic	TX	Ketarelic	M.D. CHIEF N	EDICAL EXAM	AINER			DATE	SIGNED
EXAMINER'S NAME (Type)	Benedic	ST S	KITARELIC		MEDICAL EXA	4	-//	2.2	0,19	160
220. BURIAL, CREMATIC	ON, 226. DATE THERE		22c. NAME OF CEMETERY OR		22	2d. LOCAT	ION (City, town	or county)	(51	ote)
Burial Specify	8-23-60)	Zion Memori	al Cem		Cumb	erland,	Md.		
23. FUNERAL DIRECTOR James F	Scarpell	Li Cui	mber Land, Md.		24a. REC'D 8	2 3 '6		Than S.		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	8	658		CERTIF	ICATE	OF DEATI	Н		00	652	
1. [LACE OF DEATH	ui n	le.	MARY		USUAL RESIDENCE (Where deceased	lived. If institution b. COUNTY	n: Residence	before admi	ssion)
	CUMBERLAN	rest town)		c. LENGTH OF STAY	IN 16	CUMBERLAN		ote limits, write R	URAL ond give		
	d. NAME OF HOSPITA OR INSTITUTION	MEMORIAL	HOS	PITAL		d. STREET ADDRESS 22 ARCH	STREET			ON	A FARM?
	NAME OF DECEASED (Type or print)	Firs ADD		Middle B •		NORTON	4. DATE OF DEATH	AUGUS	T	Day 22	Yeor 19 60
S. S	FEMALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MARRIE		OATE OF BIRTH	, 1876	P. AGE (In years lost birthdoy) yrs.		ys Hour	Min.
10a	. USUAL OCCUPATION during mast of working	N (Give kind of work of natific, even if retired) Housewii	ane 10b.	, KIND OF BUSINESS O	R INDUSTR'	PAW PAW,				S.A.	COUNTRY?
13.	FATHER'S NAME	MES GRANT				14. MOTHER'S MAIDEN		EVER			
	WAS DECEASED EVER s. no. or unknown) (II	IN U. S. ARMED FORG f yes, give wor or dates of se		. SOCIAL SECURITY NO		RMANT WARW		EMORIAL del	.,		
Z	Conditions, if on gave rise to im couse (a), stating to lying couse last. PART II. OTHI	he <u>under-</u> DUE TO		CONCING TO DE	ono	Stomoc losis	KMINAL DISEASE	CONDITION GIV	/EN IN PART 1	(a) 19. WA	SAUTOPSY
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH		SCRIBE HOW INJURY O						PERI	ORMED?
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Yeo	While	INJURY OCCURRED Not while Ink at work	20e. PLACE foctor	OF INJURY (Home, for y, street, office bldg.,	etc.)	or town)	(Cou	inty)	(State)
	saw the decease		,	ded the deceased				he causes an		lote state	d abave.
	22c. PHYSICIAN'S	Man			М.[ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
	NIAME /Towns	R. EARL R.	PAU	JL		36 GRE	ENE STRE	EET, CUM	BERLAN), MD.	
	BURIAL, CREMATION REMOVAL (Specify) BURIAL	Aug.24,		O St. Mar		Cemetery	Cum	on (City, Iown, berland	, Mar	yland	ote)
	James F.		i	Cumberlan	d, Mo		UG 25 '60		STRAR'S SIGN		

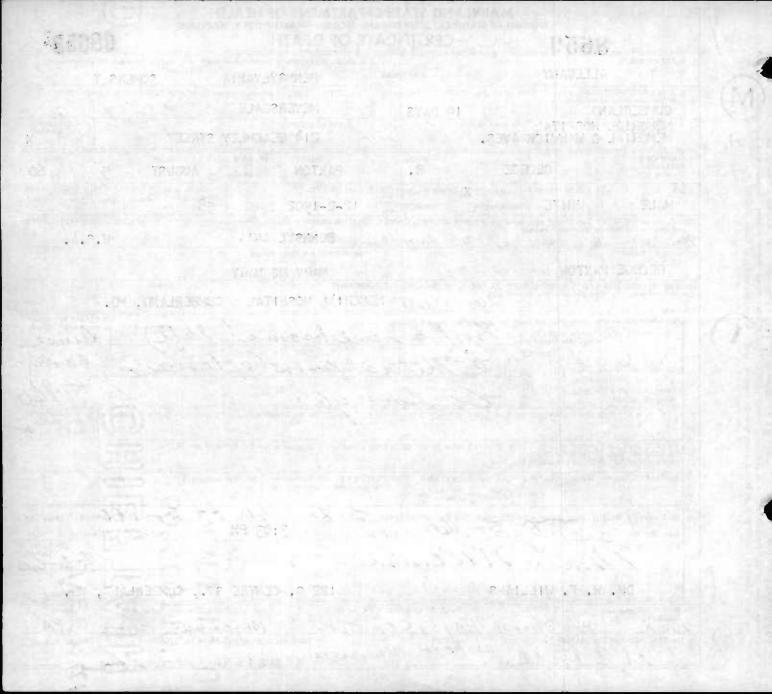
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1.	PLACE OF DEATH a. COUNTY	ALLEGANY	ŧM,	MARYL		USUAL RESIDENCE O. STATE PENNS	(Where deceased SYLVANIA	lived. If institution b. COUNTY	SOMERSE		ion)
	b. CITY OR TOWN (I RURAL ond give no CUMBERLA	f outside corporate limearest town) ND	its, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN	(If outside corpore	ote limits, write RI	URAL ond give n	earest town	3
	d MEMORIAL	AHO9PI甲和巴 & WARWICK	AVES.	oddress)		d. STREET ADDRESS	S BEACHLEY	STREET			IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	GEO		Middle R •		PAXTON	4. DATE OF DEATH	AUGUS			Year 19 60
5.	MA LE	6. COLOR OR RACE WHITE	7. MARRI WIDOWE	D DIVORCED		ATE OF BIRTH 12-2-1902	1901	P. AGE (In years lost birthday) 50 yrs.	Months Days	R IF UND! Hours	R 24 HRS. Min.
1	Mar EASTERN	ON (Give kind of work king life, even if retired STATES FARMER)	MICC. FARMER		PENNSY		untry)	12.CITIZEN	S.A.	OUNTRY?
13.	FATHER'S NAME	DAVEO			14	. MOTHER'S MAIDE					
10	GEORGE	R IN U. S. ARMED FOI	CEC 14	COSIAL SECURITY NO	17. INFOR		MC NARY	Addr			
		(If yes, give war or dates of		social security No. 09-05-3687	100000		PITAL	CUMBERLA		2 16	
		TH WAS CAUSED BY:	- >	(a), (b), and (c).]	~416	plan	ma (lett	4 IN	TERVAL BE	TWEEN
	18	DUE TO		1 71108	00	t man	- Got	Tomo	7 1	la	Per
	Conditions, if a gave rise to i cause (o), stating	mmediate (1 min	George (2 (4)	90002	cie)	in	40
Z	lying couse lost.	JER SIGNISICANT CON	DITIONS C	ONTRIBUTING TO DEAT	W DUT NO	90	DAUNIAL DISEASE	CONDITIONICAN	(FALIAL BART 1/-)	10 W/AC	ALLTOPSY
CATION									CN IN PART 1(0)	PERFC	RMED?
L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter noture of injury	in Part I or Port	II of item 1B.)			
MEDICAL	Haur a. m. p. m.	Y Month, Doy, Ye	20d. IN While ot work	Nat while		OF INJURY (Home, street, office bldg.,		or town)	(Count	r)	(Stote)
		X	() attend	ed the deceased f		h accurred at	19.60 PM	8-5.	- 19.6P	hat (I) (we) last
	saw the decea	see dive di	0	and I	nar aear		Je wai Irom I	ne causes an	d an the da	_	b. DATE
		Imon	P	Illia	mes.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		8-6	SIGNED
	22c. PHYSICIAN'S NAME (TYPE)	W. F. WILI	LIAMS			122 S.	CENTRE	ST., CUM	BERLAND,	MD.	
23	a. BURIAL, GREMATIC REMOVAL (Specify)	N, 23b. DATE THERE	OF .	23c. NAME OF CEMET	TERY OR CR	EMATORY	23d. LOCATI	ON (City, town, o	ar county)	(Stat	e)
	BURIAL	Aug 8, 19	160	HAY'S C	EME	TERY	MEYE	RSDALF	RD52		PA.
24	FUNERAL DIRECTOR	S SIGNATURE	2 , 3	ADÓRESS MAINST. /	MEYERS	DALF PA DATE	AUG 15'6		STRAR'S SIGNAT	URE	



certificate has been signed by the attending physician ond campletely filled in by the funeral die os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be file PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth.

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cremotian, or remayal,

MARYLAND STATE DEPARTMENT OF HEALTH

	8660 DIVISION OF	ESTATISTICAL RESEARCH A	TE OF DEATH	MORE 1, MARYLAND	08654
1	1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLA	nere deceased lived. If institution b. COUNTY	Residence befare admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBER LAND	c. LENGTH OF STAY IN 16	22 FROSTE	outside corporate limits, write RUF BURG	
	d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION MEMORIAL HOSPITAL	t address)	d. STREET ADDRESS 32 BLA	IR STREET	e. IS RESIDENCE ON A FARM? YES NO
3	3. NAME OF DECEASED (Type or print) First VERNA	Middle C → F	PORTER Last	4. DATE Month OF DEATH AUGUS	/
	CEMALE MULTE	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JULY 14, 1898		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State MARYLA		12.CITIZEN OF WHAT COUNTRYS
1	JOE SPIKER		14. MOTHER'S MAIDEN N	MOORE	
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	, SOCIAL SECURITY NO. 17. III	MORIAL HOSPIT	MORIAL & WARAJIA 'AL - CUMBERLAND	AVENUE D, MARYLAND
1	1B. CAUSE OF DEATH [Enter anly ane cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	repal The	mhosis		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b) Ay	portensire on	d allowon	devotis Hent	sere 5 year.
	gove rise to immediate cause (o), stating the under: lying cause last.	roulized	arteris	clorons	7
	PART II. OTHER SIGNIFICANT CONDITIONS LEGATO - CO	contributing to death but	NOT RELATED TO THE TERM	HAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [7]
		SCRIBE HOW INJURE OCCURRE	D. (Enter noture of injury in	Part I or Port II of item 1B.)	
	20c. TIME OF INJURY Manth, Day, Year 20d. Hour a. m. 19 Whill at we	Nat while for	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
	21. I certify that (I) (this haspital) attensaw the deceased alive an		20 Dec. 19	59 / 6 ang.	_, 19.66 that (I) (we) last an the date stated abave.
	22a. SIGNATURE	(a Oran &		ED. STAFF	22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

SOUTH CENTRE ST., CUMBERLAND, MD.

BURIAL, CREMATION, REMOVAL (Specify) Urial 23b. DATE THEREOF

DR. W. A. VAN ORMER

23c. NAME OF CEMETERY OR CREMATORY F'bg.Memorial Park 23d. LOCATION (City, tawn, or caunty) Frostburg,

(Stote) Md.

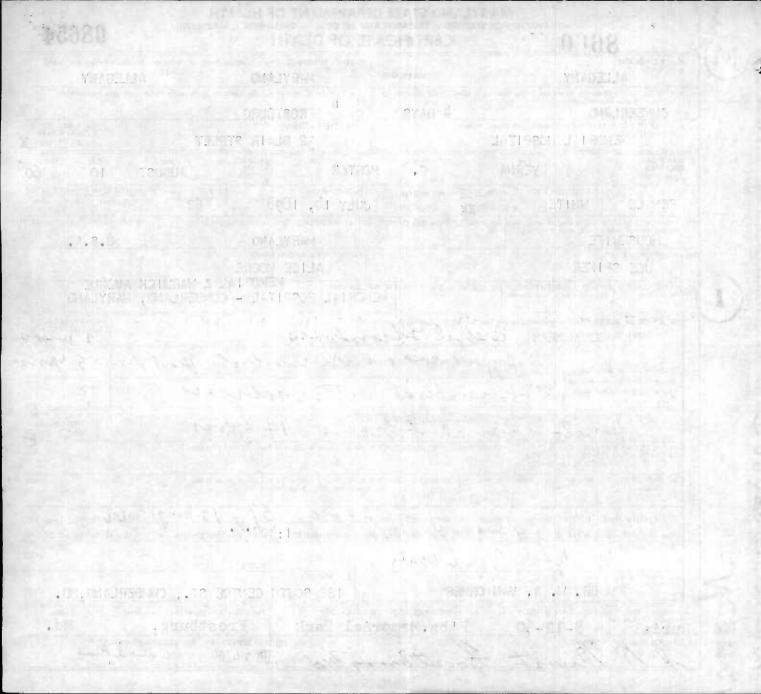
24. FUNERAL DIRECTOR'S SIGNATURE

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: AF VR A15 (4) 15M 9/59

page 3 should be detached the State Boord of Health pr



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: A his certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be formwith the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5S

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
	CERTIFICATE	OF DEATH	

M

MARYLAND ST	TATE DEPARTM	ENT OF HEALTH-	-BALTIMORE, 18	
8661	CERTIFICA	ATE OF DEATH	Reg. Dist	. No. 08655
1. PLACE OF DEATH. o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution: Residence	before admission)
	LENGTH OF STAY IN 16	c. CITY OR TOWN (II agrisi	de cosporate limits, write RURAL and	of nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street add. OR INSTITUTION JEE Valley S	en /	d. STREET ADDRESS	lley SX	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Anna (sthering	Powers 4.	DATE Manth OF DEATH aug 28,	Day Year 1960
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED &	NEVER MARRIED DIVORCED	8. PATE OF BIRTH July 12, 185		YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or I	areign country) 12. CITIZ	S. A
harles Lans	1 er	14. MOTHER'S MAIDEN NAM	e Stong	h
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	TIAL SECURITY NO.	In E. Pou	ers Child	ma
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED 8Y:	ar (a), (b), and (c).	lerasio		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	COPPOR	no oses		
Canditions, if any, which				Cart Lat
gave rise to immediate Cause (a), stating the under-				
lying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter nature of injury in Part	I ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJUI Haur o. m. 19 While at wark	Not while fa	ACE OF INJURY (Home, form, clary, street, affice bldg., etc.)	20f. (City ar town) (Co	ounty) (State)
21. I certify that I attended the deceased		, 1960, to		ast saw the deceased
alive on 1900	, and that death		A, fram the causes and an the	e date stated above.
ACTUAL SIGNATURE SEO V. SE	y &.	M.D. 4576	N. Centre	8/29/4
PHYSICIAN'S LEO H. LEY	VR.	Cum	buland, md	
Duris 8/3//60 4	Se. NAME OF COMETERY OF	SE CREMATORY 22	Lemberlo	State
23. FUNERAL DIRECTOR'S SIGNATURE	aporess'	240. REGIGE DATE AUG	3 1 60 24b. REGISTRAR'S SIGN	NATURE Tocase

A GOVERNMENT OF THE SECOND SEC	HTABU TO BY	CERTIFICA	
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			STEET AT THE SHALL
			A Office Book Albert

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

O	8	6	5	6

e. IS RESIDENCE

19 19

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED? YES NO

12. CITIZEN OF WHAT COUNTRY?

YES NO

60

ALLEGANY

Days

U.S.A.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYLAND MARYLAND funerol pe CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) FROSTBURG shauld FROSTBURG d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 128 W. COLLEGE AVENUE by AVENUE COLLEGE puo NAME OF Middle 4. DATE filled DECEASED (SCHRAMM) PRESSMAN AUGUST LENA DEATH Poges (Type or print) denth 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 75 yrs Months FEMALE 1885 WIDOWED. DIVORCED [cample yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
HOUSEWORK MARYLAND OWN HOME puo pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Car physicion _ GEORGE SCHRAMM UNKNOWN remave 17. INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO event PRESSMAN, FROSTBURG, MD. NONE offending eose 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 0 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which permit. gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT GIVEN IN PART 1/01 crematian, os clevosio ashers 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18. the CAL SID 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) While o. m. Not while of work of work

(County) (Stote)

21. I certify that (I) (this haspital) attended the deceased from.__ 19 60, and that death accurred at saw the deceased alive an 22o. SIGNATURE

M, from the causes and on the date stated above 22b, DATE SIGNED 60 MED.

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

MECHANIC ST .. FROSTBURG. MD

F'BG. MEMORIAL PARK ADDRESS

23d. LOCATION (City, town, or county) FROSTBURG

25b. REGISTRAR'S SIGNATURE

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION.

FROSTBURG, MD.

PHYS.

25a. REC'D BY REGISTRAR '60

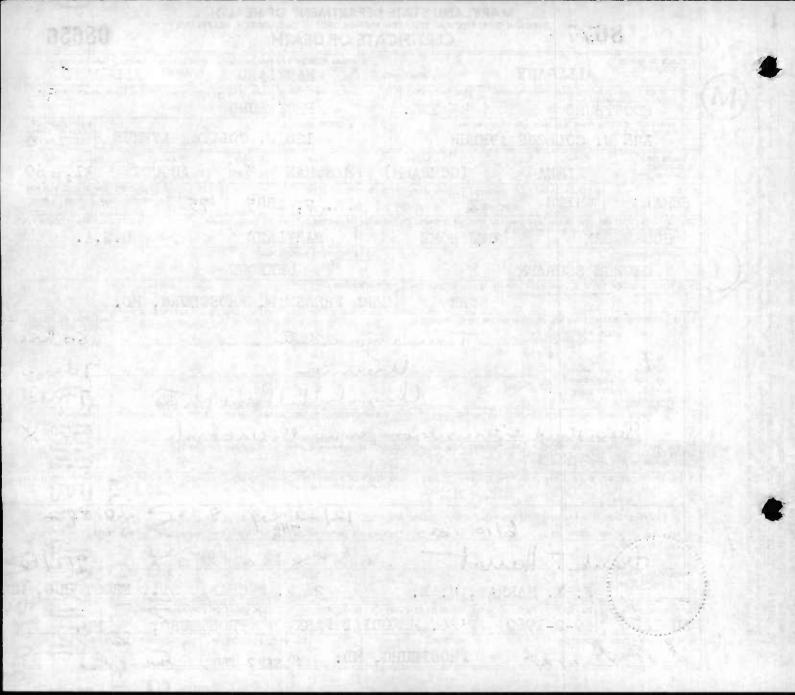
ottending certificate 0 ho 10

þ gned physician been PHYSICIAN: The FUNERAL DIRECTOR: age 3 should be detac page 3 sh the State

within 24 haurs after death.

certificate

1SM 9/59



VR A1S (4) 1SM 9/59 8678

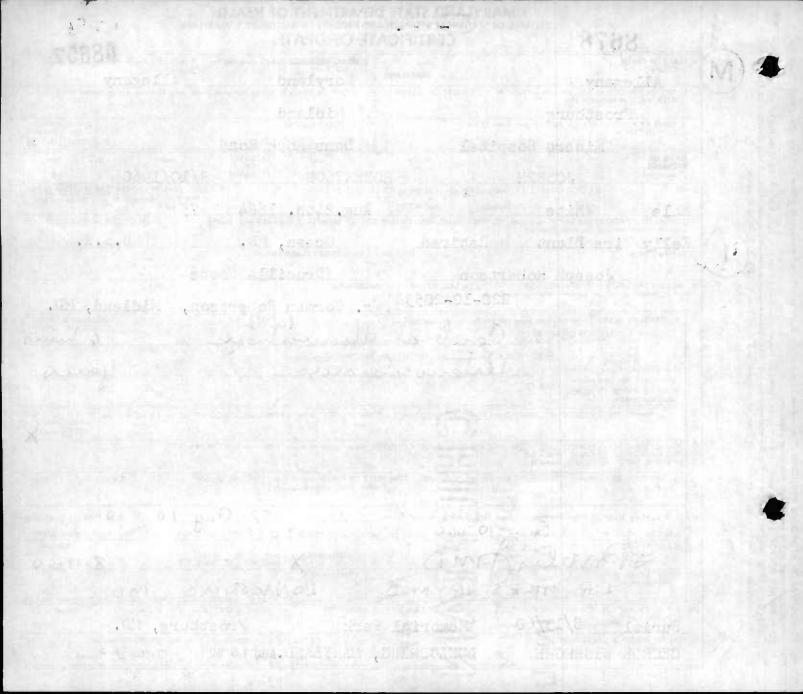
MARYLANI	STATE	DEPARTMENT	T OF	HEA	LTI	Н

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

DOCEM

1	1. PLACE OF DEATH O. COUNTY MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before oddissan) o. STATE b. COUNTY
4	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY It	Maryland Allegany 1 b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL ond give nearest town)	V
	d. NAME OF HOSPITAL (If not in hospital, give street address)	Midland d. STREET ADDRESS e. IS RESIDENCE
/	OR INSTITUTION	ON A FARM?
	Miners Hospital	Dans Rock Road YES NO E
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
1	(Type or print) JOSEPH	ROBERTSON DEATH 8/10/1960 19
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE
	Male White WIDOWED DIVORCED	
	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	
	during mast of working life, even if retired)	Ocean. MD. U.S.A.
1	Kelly Tire Plant Retired	14. MOTHER'S MAIDEN NAME
/		
	Joseph Robertson	Drucilla Foote
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give wor or dates of service) 220–10–2053/	17. INFORMANT Address
	420-10-20771	Mr. Gorman Robertson, Midland, MD.
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	(SON) INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	demanhage 6 hour
	321 V DUE TO O (-	
	Conditions, if ony, which) (b)	()0. 25.5
	gove rise to immediate	ausiis pur
	couse (o), stoting the <u>under-</u>	
	, (c)	I. H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	PERFORMED
	5	YES NO
	20g. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter noture of injury in Port I ar Part II of item 1B.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. While Not while at work at work	0e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sto
	Hour a. m. While Not while at work at work	foctory, street, office bldg., etc.)
		F2 0 15 10
	21. I certify that (I) (this haspital) attended the deceased f	
1		hat death occurred at 1. p.M., fram the couses and on the date stated abov
	220. SIGNATOR	ATTENDING MED. STAFF
	410MM AMD	M.D. ATTENDING MED. STAFF PHYS. STAFF
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	T.R. MILES 18, M.	D. LONACONING MD.
	23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town, or caunty) (Stote)
	REMOVAL (Specify) 0/12/60	
	Burial 0/13/00 Memoria 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	GEORGE EICHHORN LONACONI	
	Caronian Promission	DAIL DAIL THE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offego may be retained by the hasy by a attending physician.

• FUNERAL DIRECTOR: Aff

• scrifficate has been signed by the attending physician and campletely filled in by the figure 3 shauld be detached for use as the burial-transit permit. Then plasse remave carbon papers. Pages 1 and 2 shauthe State Board of Health prior to burial, cremation, or remayal, and in or event, within 72 haurs after death. TO FUNERAL DIRECTOR: Aft

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08658

	8669	>	CERTIFIC	CATE	OF DEATH	1			UO	OPU	
1. PLACE OF DEATH o. COUNTY	LEGANY		MARYLA		USUAL RESIDENCE (W. g. STATE		d lived. If instituti b. COUNTY		ence befo		ion)
b. CITY OR TOWN (If RURAL and give pea	outside corporate lim	its, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF		rate limits, write R)
d. NAME OF HOSPITA OR INSTITUTION MEMOR 1	MEMORIAL AL & WARW	HOSPI	TAI		522 A	STREET					IDENCE FARM? NO ()X
3. NAME OF DECEASED (Type or print)	Fi		Middle	RO	Lost SENMERKEL	4. DATE OF DEATH	Mor A U	GUST	Do		reor 19 60
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIE	DIVORCED		AUGUST 10,	1960	9. AGE (In years lost birthdoy) yrs.	Months Months		Hours Hours	R 24 HRS. Min. 55
10a. USUAL OCCUPATION during most af working	N (Give kind of work ng life, even if retired	done 10b. K	IND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (STOR				J.S.	WHAT C	OUNTRY?
	ILLIAM P.				A. MOTHER'S MAIDEN NANCY L.		LL				
15. WAS DECEASED EVER (Yes, no, or unknown) (If	IN U. S. ARMED FOR yes, give war or dates of t		OCIAL SECURITY NO.	17. INFO		HOSPI	TAL, CUMB		ND, I	MD.	
Conditions, If on gove rise to im couse (o), stoting the lying cause last.	mediate DUE TO	, Di	ende	المال الحال	my now		Pocem	2			
CATIC			INTRIBUTING TO DEATH					VEN IN PA	ART 1(0)	PERFO	RMED?
	CAUSE OF DEATH	206. DESCR	RIBE HOW INJURY OCC	URRED. (E	Enter nature af injury in	Part I ar Port	t II of item 18.)				
Y 20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. INJ While of work	Not while	e. PLACE factary	OF INJURY (Home, far r, street, office bldg., et	m, 20f. (City	or town)	1	(County)		(State)
21. I certify that saw the decease 22a. SIGNATURE) attende	d the deceased fr		th accurred 2: 45	AMfram	the causes ar			stated	
22c. PHYSICIAN'S NAME (Type)	F. B. W	HI TWOF	Celur RTH	M.D	PHYS C	ORD ST	staff PHYS. □	RLAND	,MD.		
23g. BURIAL, CREMATION REMOVAL (Specify) CREMATION	8-11-60)F	23c. NAME OF CEMETE MEMORIAL I				RLAND, M	or county)		(State	e)
24. FUNERAL DIRECTOR'S Memoria	, 41	oTal	- Cumber	Land		UG 15 6	0	STRAR'S S			

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		PARTIES OF THE PROPERTY OF THE
	AMEL OF TOTAL	STIRM STI
,	mikemen geranda ba	
	SUBSTITUTE LA YORK LE	TO THE WATCH COMMITTEE TO

		1	
TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	4 should be	4	Cr Sention.
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delay is n	al directo	ur files.	frar priar
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hours of	iges 1, 2,	e 5 may !	odes a
within 24	Give Po	M3. Pag	it. File c
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auld be	pencil in	along wit	buriol-tro
lificate sh	ni "gnibi	s Office	used as a
: This cert	ard "per	Examiner	and bluo
AMINER	ing the w	le al	Post 3 st
DICAL EX	cate, writ	he Chief	RECTOR:
TY MEI	erriff.	led to t	RAL DI

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EXA	ef /	
ICAL ofe,	CTO	
MED	to th	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	forwarded to the Chief has been as Soffice along with form PM3. Page 5 may be retained for your files.	ar remaval.
O DE	forw	ar re
F	T	

VS. A15ME(5) 5M 9/55

	RYLAND S								
8663	MEDICA	L EXA	AMINER	R'S CE	RTIF	ICATE	OF DE	ATH	Re

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		ΠX	6	5	11
Reg.	Dist.	0.8	0	_	4/

1.	PLACE OF DEATH	Allekany		MARYLA	NO	o. STATE Mary		b. COUNT	Y .	dence be		ission)
-	b. CITY OR TOWN (If		a PINAL	c. LENGTH OF STAY IN		c. CITY OR TOWN (rossate limits write	-		0	wn)
	and give neorest town		u nonne	20 year	20		berlan			io give i		,
-	d. NAME OF HOSPITA	L OR INSTITUTION (If not in I	hospital, give street address)		d. STREET ADDRESS					e. IS R	ESIDENCE
L	Sylvan I	Retreat				Queen Ci	ty Pav	ement				A FARM?
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Month	,	Day		fear
L	(Type or print)	CLARK				JLTZ	DEATH	AUSU	-	1]		960
5.	SEX	6. COLOR OR RACE	7. MAR	RRIED NEVER MARRIED	3 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE			ER 24 HRS.
	Male	White	WIDOY	VED DIVORCED		Jnknown		69 yrs.	Months	Days	Hours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (Stot	e or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	Laborei		I	Railroad		Penna				USA		
1:	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		James Schi	ıltz			Sara S	Schult	Z				
15	S. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES?	6. SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
l _A	NO NO	(If yes, give war or dates of	service)	Unknown	R	ussell Schul	1 tz.	Strongs	town	. Pa		
F		M Fester only one cou	se per li	ne for (o), (b), and (c).]		202011				INTE	RVAL BETW	EEN
	PART I. DEAT	H WAS CAUSED BY:			3.5	OGGTHGTON	T			ONS	ET AND DE	ATH
	11.15	IMMEDIATE CAUSE (o)		CORONAR	Y.	OCCLUSION	V				SUDD	E IA
	177.	DUE TO		00000	4777				0070			
	Conditions, if on gove rise to immed			CORON	AK)	SCLEROSI	LS AN	D THROME	SOSTS	5		
	(a), stating the u											
	couse lost.) (c)										
ON NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	MINALDISEA	SE CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS PERFO	AUTOPSY RMED?
A											YES XX	NO 🗌
CERTIFICATION	20g. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	SE WAS	b. DESCR	RIBE HOW INJURY OCCURRE	D. (En	ter nature of injury in Po	ort I or Port	II of item 18.)				
3	20c. TIME OF INJUR	Y Month, Day, Ye			PLAC	OF INJURY (Home, for	m. 20f. (Ci	ty or town)	(Co	ounty)		(State)
MEDICAL	Hour o.m.	19		hile Not while work of work	ractor	y, street, office bldg., et	c.)					
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	dediti resorted	Hain: Hainai	Cooses	Accident,	3010	ide [], Homicid	е L, ,	maerer minea c	.dose _	٦.		
	ACTUAL &	1 +	- X	(+-1)		CHIEF HERICAL					DATE :	SIGNED
	SIGNATURE	enedict.	N	tarelia.	_	M.D. CHIEF MEDICAL						
1	EXAMINER'S					ASSISTANT MEDI						
	NAME (Type)			itarelic, M				Ar man		Ll,	19	60
22	REMOVAL (Specify)	N, 22b. DATE THEREC)F	22c. NAME OF CEMETERY			22d. LOC	ATION (City, town,	or county)		(Stol	e)
L	Burial		1960	A legany Con	unt	y Cemetery		berland,			-	4 4
23	. FUNERAL DIRECTOR'S		~	ADDRESS			D BY REGIS					
L	Byro	n Kight	Cı	umberland, Md	•	DATE	AUG 15	60 0	relun a	8. The	MA	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

8664 CERTIFICATE OF DEATH

1. [PLACE OF DEATH o. COUNTY	Allegany		MARYLANE	- CTATE -	Mary La	nd b.	If institution: COUNTY	Residence before			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumborland			11/60	V	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hoffman						
	d. NAME OF HOSPITA	AL (tf not in hospital, g		firmary	d. STREET	ADDRESS				e. IS RESIDENCE ON A FARM? YES NO		
	NAME OF DECEASED (Type or print)	Andre		Middle	Seifar		4. DATE OF DEATH A 138	Month	Da 8	y Year 19 60		
5. 9		6. COLOR OR RACE	7. MARRIED N	DIVORCED	B. DATE OF BIR		9. AGE	(In years IF	UNDER 1 YEAR Months Doys	IF UNDER 24 HRS. Hours Min.		
	. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	dane 10b. KIND OF		DUSTRY 11. BIRTHE	LACE (State or	r fareign country)) //3.	12. CITIZEN OF	WHAT COUNTRY?		
_	etired :	Miner	Min	ing			Marylar	nd	U. S.	. S.		
13.	FATHER'S NAME	ndrew Sei	farth			s maiden na zabeth	Kohl Kohl					
1S. (Yes		IN U. S. ARMED FOR If yes, give war or dates of se			INFORMANT P	O.Box		Address	Cumber T	rland, Md		
	PART I. DEAT		hron	leral	yocar	deal.	Deger	era	tea ons	ERVAL BETWEEN ET AND DEATH		
	gove rise to in couse (o), stating t lying couse lost.		Chr	onic	Les	pfr	ites			7		
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH E	BUT NOT RELATED TO	O THE TERMIN	AL DISEASE COND	ITION GIVEN	I IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO		
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUR	RRED. (Enter noture	af injury in Po	ort I ar Part II of it	em 1B.)				
MEDICAL	20c, TIME OF INJURY Haur o. m. p. m.	Manth, Day, Yea		while	PLACE OF INJURY foctory, street, offi		20f. (City or taw	n)	(County)	(Stote)		
	21. I certify that	t (I) (this haspital	attended the		6/11/6 6:15 Accord	0 19 19 A		3/60 auses and		at (I) (we) last stated abave.		
	22a. SIGNATURE	auce	08.7	ncher	ATTENDIN PHYS.		STAF	s. X		8/8/19		
	22c. PHYSICIAN'S NAME (Type)	Dr. Jame	s E. Me	Lean	22d. ADD		ne St.,	Cumbe	rland	Md.		
230	BURIAL, CREMATION SEMOVAL (Specify)	8-10-	0F 23c. NA	ECK	OR EREMATORY HART	2	EC/1	ity, town, or	R 7	(State)		
24.	FUNERAL DIRECTOR'S	SIGNATURE	1111	Dure	7	250. REC'D DATE	BY REGISTRAR UG 11 '60		RAR'S SIGNATUR			
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S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please exe-	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Item of Examiner's Office along with form PM3. Page 5 may be estated for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar priar to buriol, cremation, or removal.
after deoth. If ony	2, and 3 to the fune	and 2 with the regi
d within 24 hours of	8. Give Pages 1, 2	rmit. File poges 1
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MA	RYLAND	STATE	DEPA	RTME	NT OF HEALTI	I-BA	LTIM				
8689	MEDIC	AL EX	AMI	NER'S	CERTIFICAT	E OF	DE	HTA	Reg. Dist	0.86	61

					(Where decea			nce before adi	nission)
a. COUNT	Allegamy		MARYLAN	o. STATE Mary	land	b. COUN	TY Al	legany	
b. CITY OR TOWN	(If outside corporale limits, writ	RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(if oulside car	porote limits, writ	RURAL ond	give neorest t	own)
			8 Years	Route 1	Flint	stone			
d. NAME OF HOSE	PITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS				10	A FARM?
NAME OF DECEASED (Type or print)			Middle Stevenson	Shanholtz	4. DATE OF DEATH		22.18	Day 18	Year 19 60
i. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER		DER 24 HR
Male	CITY OR TOWN! (If ourside corperois limits, write BURAL conditions) **Printstone** NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) **AME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) **AME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) **AME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) **AME OF First Middle Lost	1.0			Days Hours	Min.			
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13. FATHER'S NAME								Helleke.	
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et, no, or enthown;	fit her fline mot or doler of	SELAICE)		7 0 0		D4 4/7	101 d and		
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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief A al Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, committon.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8690 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 08662

ALLEGANY ALLEGA		1. PLACE OF DEATH a. COUNTY		AY IN 1b c. CITY OR TOWN (If autiside carporate limits, write RURAL and give nearest town) Rural, near Pinto d. STREET ADDRESS Residence, Route 5, Cumberland Lost Death August 21 SMITH B. DATE OF BIRTH DEATH August 21 SPENDUSTRY 11. BIRTHPLACE (Stole or foreign country) Iroad Altamont, Maryland 14. MOTHER'S MAIDEN NAME Ida M. Wright 10. 17. INFORMANT Harry E. Smith, Cumberland, Maryland OCCLUSION ARY SCLEROSIS WITH THROMBOSIS ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES D. NO 19. 40 19. 40 19. 40 19. 40 10. 10. 11. BIRTHPLACE (Stole or foreign country) 10. 17. INFORMANT 10. 17. INFORMANT 10. Address Penn. Avenue ONSET AND DEATH SUDDEN ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) OCCLUSION ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES D. NO CURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20e. PLACE OF INJURY (Home, form., fortory, street, office bidg., etc.) PLACE ADDRESS CURRED. (City or town) Country) Country (State)		
RIFEL PINTO RIFEL RESIDENCE ROUTE RESIDENCE				Mary	land	<u> </u>
d. NAME OF HOSHILL OR INSTITUTION (If not in hospital, give street address) Residence, Route 5, Cumberland Residence, Route 6, Date Residence,	1	b. CITY OR TOWN (If outside corporate limits, write and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	fautside carporate limits, write RURAL and	d give nearest town)
Residence, Route 5, Cumberland Residence, Route 6, Supplied 1, 1000 Residence, Resid				X Rura	l, near Pinto	
Residence, Route 5, Cumberland Residence, Route 5, Cumberland Residence, Route 5, Cumberland Residence, Route 5, Cumberland Power of the control of the		d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS		
S. SEX			Cumberland	Residence	, Route 5, Cumberla	
S. SEK S. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (in prev) IF UNDER YEAR IF UNDER 24 HRS. Maintender Mount					OF	
Male White WIDOWED DIVORCED February 4, 1897 63 yr. Morning Coup Tool Man. Morning Coup Morning Coup Tool Man. Morning Coup Morni		5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.
Retired Conductor 13. FATHER'S NAME James Smith 14. MOTHER'S MAIDEN NAME James Smith 15. WAS DECEASED EVER IN U. S. APMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (e). (b). ond (c).] PART I. DEATH WAS CAUSES (e) DUE TO Condition. If any, which gover is to immediate couse [c), stoling the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PRECOMEDY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PRECOMEDY PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PRECOMEDY PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PRECOMEDY PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PRECOMEDY PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PRECOMEDY PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PRECOMEDY PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PRECOMEDY PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PRECOMEDY PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY PRECOMEDY PART III. O	1	Male White	WIDOWED DIVORCED	February 4, 18	897 63 yrs. Months	Days Hours Min.
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James Smith 15. WAS DECEASED EVER IN U. S. ABMED FORCES? It is sortion. It is implied to the conditions of service. 16. SOCIAL SECURITY NO. IT. INFORMANT 101 Address Penn. Avenue Harry E. Smith, Cumberland, Maryland 18. CAUSE OF DEATH [Enter only one course per line for (e), (b), ond (c).] PART I. DEATH WAS CAUSE (e) DUE TO CORONARY OCCIUSION DUE TO CORONARY SCLEROSIS WITH THROMBOSIS OCCIDISION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. VAS AUTOPSY PERCONNERS TO CORONARY SCLEROSIS WITH THROMBOSIS OCCIUSION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. VAS AUTOPSY PERCONNERS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. VAS AUTOPSY PERCONNERS PERCONNERS 20b. DESCRIBE HOW INJURY OCCURRED Miles OCCURRED While Not white of two white of two will be of work of two white of two white of two will be of work of two white of two white of two will be of work of two white of two will be			B. & O. Railroad	Altamont,	Maryland	USA
NAS DECEASED EVER IN U. S. ABMED FORCESS 16. SOCIAL SECURITY NO. 17. NFORMANT 101 Address Penn. Avenue 11. NFORMANT 102 Address Penn. Avenue 11. NFORMANT 102 Address Penn. Avenue 11. NFORMANT 102 Address Penn. Avenue 11. CAUSE OF DEATH [Enter only one cause per line for (o). (b). ond (c).] 11. CAUSE OF DEATH [Enter only one cause per line for (o). (b). ond (c).] 11. CAUSE OF DEATH Enter only one cause per line for (o). (b). ond (c).] 11. CAUSE OF DEATH NAMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gover rise to immediate cause (b). GORONARY SCIEROSIS WITH THROMBOSIS Conditions, if any, which gover rise to immediate cause (c). Interest 10. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part 1(o) 19. WAS AUTOPSY YES TO NO TRUMPY DATE OF DEATH. CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part III of item 18.) CAUSE OF DEATH. Contributions 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part III of item 18.) CAUSE OF DEATH. CONTRIBUTING 200. INJURY OCCURRED. (Enter nature of injury in Part 1 or Part III of item 18.) CAUSE OF DEATH. CONTRIBUTION COUNTRIBUTION COUNTRIBUTIO		13. FATHER'S NAME		14. MOTHER'S MAIDEN N	VAME	
Types W W 1		James Smith		Ida M. Wr:	ight	
B. CAUSE OF DEATH Enter only one couse per line for (o). (b). ond (c).] 18. CAUSE OF DEATH Enter only one couse per line for (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY. CORONARY OCCIUSION SUDDEN CORONARY OCCIUSION SUDDEN				INFORMANT	101 Address Penn	. Avenue
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: CORONARY OCCIUSION DUE TO Condition, if any, which gove rise to immediate cause (c), stating the underlying couse lost. (c) stating the underlying (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO. 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO. 20a. EXTERNAL CAUSE WAS PRIMARY OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part III of item 18.) 20c. TIME OF INJURY Month, Doy, Year You work of work of work of work of work. 21. I certify that I took charge of the remains described above, held an Autopsy II. Inspection III. Inquiry I	4	77 77 4		arry E. Smith	. Cumberland, M	aryland
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE MARYLAND	ESIDENCE (Where deceased lived. If institution: Residence befare admission) BYLAND B. COUNTY ALLEGANY ALLEGANY	
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CUMBERIAND	c. LENGTH OF STAY IN 16	100	carporate limits, write RURAL and g	ive nearest town)
-		address)	d. STREET ADDRESS	NUE	ON A FARM?
F	3. NAME OF DECEASED (Type or print) CLARENCE	Middle E.	0	F	
	MALE WHITE WIDOWE	DIVORCED		lost birthday) Manths yrs.	Days Hours Min.
1	RETIRED Blacksmith	Railroad	MARYLAND		
	HENRY SPIDEL		Common	NE	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. If yes, give wor or dates of service)	ALLEGANY ALLEGANY ALLEGANY ARYLAND B. COUNTY ALLEGANY ALLEGANY ARYLAND B. COUNTY ALLEGANY ARYLAND 24 DAYS C. LENGTH OF STAY IN 1b 24 DAYS C. LENGTH OF STAY IN 1b C. LEN			
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	Conditions, if any, which gave rise to immediate cause (a), stating the under	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission of STATE (If not in hospital, give street address) 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission of STATE (If not in hospital, give street address) 2. UENGTH OF STAY IN 16 2.4 DAYS 2. UTAH AVENUE 2. UTAH AVENUE 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If outside corporate limits, write RUPAL and give nearest town) 2. OTTO ROWN (If		******	
	, (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	PERFORMED?
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	ar Part II of item 18.)	
	Haur a.m. While	Nat while fa		. (City or town) (C	Caunty) (State)
	saw the deceased alive an 37-16	ed the deceased fram. 19_@O, and that	MARYLAND Composition Comp	date stated above.	
	willus P Le		M.D. PHYS. DIRECTO	R STAFF	
	NAME (Type)		**R	- St. Combale	I, nel
				umberland, Md.	
	24. FUNERAL DIRECTOR'S SIGNATURE Scarpelli Funeral Homo	e Cumberlar	nd, Md	2 3 160 Colland	GNATURE
			7700	Conment 7	, / VLANUS

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. may be retained by the hat the first certificate has been signed by the ottending physician and completely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours ofter death. may be retained by the har VR A1S (4) 15M 9/59

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH O. COUNTY ALLE JAN	MARYLAND	2. USUAL RESIDENCE (Who	b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERT, AND	c. LENGTH OF STAY IN 15	1		ond give nearest town)
OR INSTITUTION		d. STREET ADDRESS 3 RICHARD W	AY	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ELT_A	Middle	Lost UGHI	4. DATE Month OF DEATH AUGUST	Day Yeor 10 19 60
		B. DATE OF BIRTH MAY 15, 1876		
during most of working life, even if retired) Housewife		ITALY		
SCOUELLA (DECE	EASED)	a landania		
	THE RESERVE THE PROPERTY OF THE PARTY OF THE		obson, LaVale	, Md.
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).	otic heart	(If outside corporate limits, write RURAL and give nearest fown) (If outside corporate limits, write RURAL and give nearest fown) (If outside corporate limits, write RURAL and give nearest fown) (If outside corporate limits, write RURAL and give nearest fown) (If outside corporate limits, write RURAL and give nearest fown) (If outside corporate limits, write RURAL and give nearest fown) (If outside corporate limits, write RURAL and give nearest fown) (If outside corporate limits, write RURAL and give nearest fown) (If outside corporate fown) (If outsid	
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PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMII	nal disease condition given I	PERFORMED?
D. COUNTY ALLEGANY b. CUIT OR TOWN (If outside corporate limits, write RURAL and give nearest fown) CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SACRED HART HSOPITAL 3. MARE OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NOVE X DIVORCED NAY 15, 1876 8. DATE OWN HITTE WIDOWED X DIVORCED NAY 15, 1876 16. SOLOR OR RACE 17. MARRIED NOVE NOVE 18. DATE OWN HOME THALY 10. LOUIS ARBIED NOVE NOVE 19. SEX 10. COLOR OR RACE 10. MARRIED NOVE NOVE NOVE 10. SEX 10. COLOR OR RACE 10. MARRIED NOVE NOVE NOVE NOVE NOVE NOVE NOVE NOVE				
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	-180	M.D. PHYS. DIE	D. STAFF PHYS	SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Aug. 13, 196		Burial Park	Cumberland,	Md.
24. FUNERAL DIRECTOR'S SIGNATURE	Cumber land			R'S SIGNATURE

may be retained by the har VR A15 (4) 1SM 9/59

for a first transfer something and the forest MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8667 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE Allegany b. COUNTY MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland. Cumberland. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE D. O. A. Memorial Hosp. 2 Utah Ave. YES NO A NAME OF Middle 4. DATE Month Year DECEASED 23. (Type or print) WILLIAM DRAUDY WEBB DEATH 1960 August 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 24 HRS. IF UNDER TYEAR (out birthday) Months Days Hours Male White 1895 WIDOWED | Aug. 12. DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Celanese Corp. Nicholas Co. W. Va. Welder U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Webb Dora Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Aubrey V. Webb 4 Utah Ave., Cumb. Md. No 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSTON SUDDEN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which CORONARY SCLEROSIS WITH THROMBOSIS gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? NO [20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Not while o. m at work at wark p. m. 21. I certify that I took charge of the remains described above, held on Autopsy \(\nabla\), Inspection T. Inquiry T. and find that death resulted from: Notural causes X. Accident , Suicide , Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER TY August 23, 1960 220. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county)

Hillcrest Burial

ADDRESS

Park

24g, REC'D BY REGISTRAR

AUG 26 '60

Cumberland. Md.

24b. REGISTRAR'S SIGNATURE

arthur S. Thousand

VS. A1SME(5) 5M 9/55 REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Buria

8/26/60

H. Wayne George Cumberland, Maryland

MEDICAL EXAMINERS CERTIFICATE OF DEATH Them I voided A MATERIAL SECTION OF THE SECTION OF S CONTROL OF THE PARTY OF THE P Control of the contro I all the state of the state of

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

SEER CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary	1 COLLET	tion: Residence befare admission) ** Allegany
b. CITY OR TOWN (I RURAL and give in		c. LENGTH OF STAY IN 16			RURAL and give nearest town)
OR INSTITUTION	TAL (If not in hospital, give street llegany Coun		d, STREET ADDRESS	Footer Place	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Louise	Middle C • D •	Infirmary 313 Footer Place S. IS RESIDEN ON A FAR? S. S. S. S. S. S. S. S		
5. SEX Female		RRIED NEVER MARRIED DIVORCED DIVORCED		lost birthday)	Months Days Hours Min.
10a. USUAL OCCUPATION during most of work Housewife 13. FATHER'S NAME		o. KIND OF BUSINESS OR INDU	Cumber1	and, Maryland	12. CITIZEN OF WHAT COUNTRY
	townst Orant				34
15. WAS DECEASED EVE	RIN U. S. ARMED FORCES?				
(Yes. no. or unknown)	(If yes, give war or dates of service)				
	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).	yocardite	-	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if o		erebral :	arterios	elerosis	, >
couse (o), stoting lying couse lost.	the under-	Coronary	sclero.	sis,	>
PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CONDITIONS	LE DEFI	NOT RELATED TO THE TERM	WALDISEASE CONDITION G	IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Part II of item 1B.)	
20c. TIME OF INJUING Hour o.m., p. m.	Whi	-1	ACE OF INJURY (Home, farrictory, street, office bldg., etc.	m, 20f. (City or town)	(Caunty) (State
saw the decea	at (1) (this haspital) attersed alive an 8/6/6	nded the deceased fram. 19, and that	1/18/55 19 death accord55 P		nd an the date stated above
220. SIGNATURE	uus E.	neleau	M.D. ATTENDING	AED. STAFF PHYS. X	8/8/60 SIGNED
22c. PYSICIAVS NAME (Type)	Dr. James E	. McLean	49 G	reene St., (Jumberland, Md.
REMOVAL (Specify) Burial	Aug. 9,1960		eran Cememery	23d. LOCATION (City, town, Cumberland,	
24. FUNERAL DIRECTOR		ADDRESS			GISTRAR'S SIGNATURE
byron	Kight	Cumberland, Md.	DATE A	ug 1 0 '60 O	Inthus S. Hours

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Allegany

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

Cascade.

INTERVAL BETWEEN

PERFORMED? YES NO

(Stote)

(State)

Days

(County)

Orthur & Kroud

e. IS RESIDENCE ON A FARM?

YES NO IX

1960

15M 10/57

VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

100	86	170	CERTIF	ICA	ATE OF DEA	TH			Reg. D	ist. A &	366	8
1. PLACE OF DEATH COUNTY Alleg	MARYLA	MD	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before add b. COUNTY Allegany						re admiss	ion)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cumber Land			Lifetime	70 100	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland						1)	
d. NAME OF HOSPIT OR INSTITUTION 601 E.	Road	address)		60I E. O.	n				e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	Mary	rst	Middle A		Wempe	4. DAT OF DEA		Mon lgus	t I5	Do		Yeor 160
5. sex F	6. COLOR OR RACE	7. MARR	D DIVORCED		B. DATE OF BIRTH Feb. 4,	1882	9. AGE (In years rthday) yrs.	Months Months		Hours	Min.
during most of worl Housewi	king life, even if retired	done 10b.	Ownhome	INDU:	Cumber.				12. CI		-SA	COUNTRY?
John M.	Brinker				Louis		penka	mp				
(Yes. no. or unknown)	R IN U. S. ARMED FOI (If yes, give wor or dates of		None	17. 1	Joseph U	. Wen	pe 60	I E		dto	wn l	Road
200. ACCIDENT WA	the <u>under-</u>	iditions c	erlare	le	NOT RELATED TO THE TE		1. /		EN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
20c. TIME OF INJUR Hour o. m. p. m.		or 20d. IN While of work	Not while	De. PL/ fac	ACE OF INJURY (Home, factory, street, office bldg.,	orm, 20f. (City or tawn)			(County)		(State)
alive on		5, 12 (7. ohns	on Jr. 16	GI	neen Stree	ADDRESS LILL t Cun	ram the co	ouses o	nd an state) Leal Md.	best	te state	deceased above
20. BURIAL, ORFMATIO REMOVAL (Specify) BULLAL	8-19-		St. Mary		Cem.	Cı	amber.	Land	, Md	•	(Stot	e)
3. FUNERAL DIRECTOR' James I	s signature F. Scarpe	11i	Cumberlan	d,l	18.0	AUG 2			TRAR'S SI			

4	17 - 20 To 27 - 21 - 22 - 22 - 22 - 22 - 22 - 22 -	
	SIGNATE OF DEATH	
han I well tell on the strend of a set that the set gain over the		
The state of the same of the same		

may be retained by the houst of an attending physicion.

• FUNERAL DIRECTOR: After the first sentificate has been signed by the attending physician and campletely filled in by the funeral despite page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

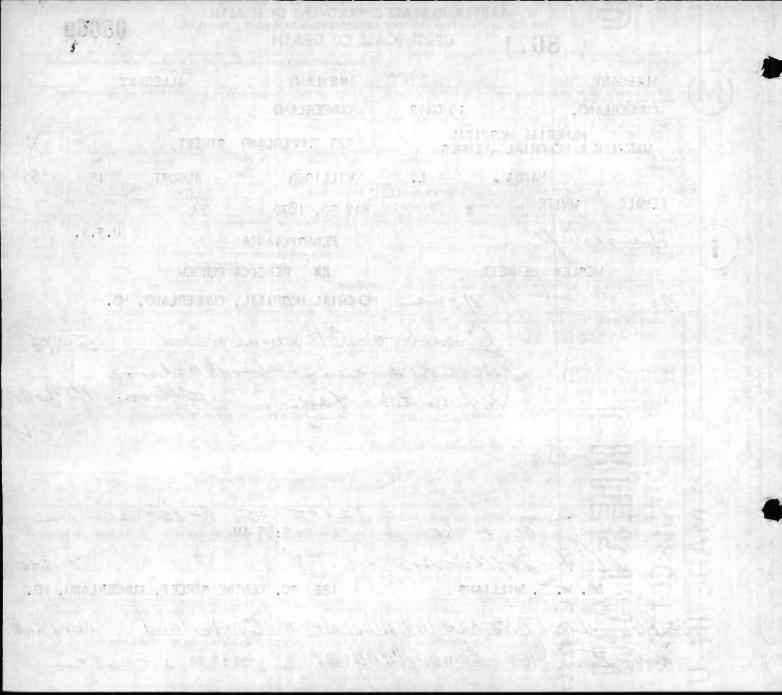
TO FUNERAL DIRECTOR: Aft

VR A1S (4) 1SM 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 8671

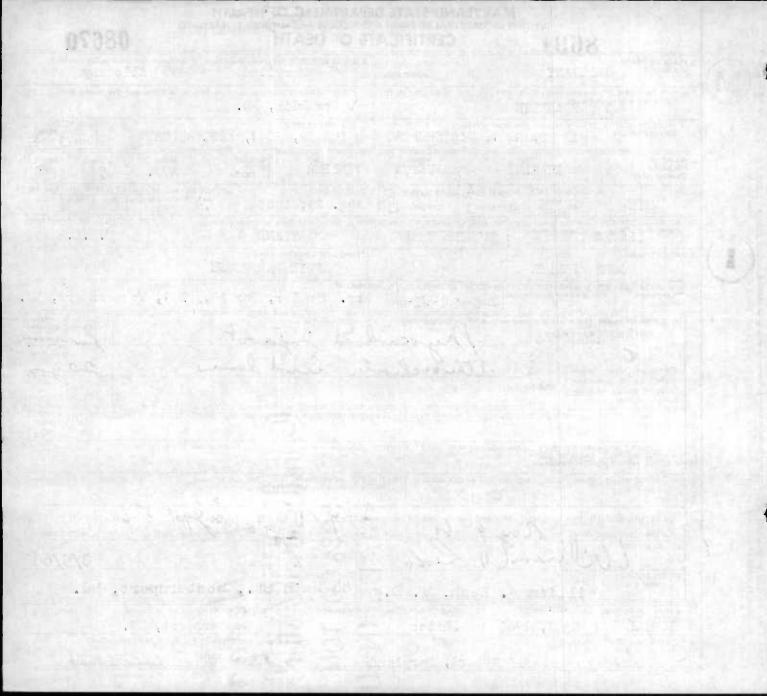
1. Pl	LACE OF DEATH COUNTY ALLEGAN	Υ		MARYLAND	2. USUAL RESIDENCE (W. o. STATE MARYLAND	/here deceas	b. COUNTY	on: Residence be	fore admission)
) b.	CUMBERL	outside corporate lim	its, write	c. LENGTH OF STAY IN 16					earest town)
d.	OR INSTITUTION	MEMORIAL L (If not in hospital, of MEMORIAL L MEMORIAL			d. STREET ADDRESS 323 CUMBER		e. IS RESIDENCE ON A FARM? YES NO		
D	AME OF ECEASED (ype or print)	AMAN		Middle	WILLISON	4. DATE OF DEATH	AUGUS		Pay Year
s. se	FEMALE	WHITE	WIDOWE	71	B. DATE OF BIRTH MAY 30, 1870		9. AGE (In years lost birthdoy) 90 yrs.	Months Days	Hours M
1		(Give kind of working life, even if thised	done 10b. I	KIND OF BUSINESS OR INC	PENNSYLV 14. MOTHER'S MAIDEN	ANIA	country)		SA.
ys. 1.		WESLEY BE	NNETT	THE STATE OF		BECCA	PERDEW		
	VAS DECEASED EVER		CES? 16.		INFORMANT MEMORIAL HOSE		Add		ANG
NO	Conditions, if ony gove rise to im couse (o), stoting the lying couse lost. Part II. OTHE	mediote DUE TO) //	Africante of Tributing to DEATH B	TO STATE OF THE TERM	AINAL DISEA	SE CONDITION GIV	/EN IN PART 1(o)	10 g
OK (20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port 1 or Po	ort II of item 18.)		YES NO
	20c. TIME OF INJURY Hour o. m. p. m.		ar 20d. IN While ot work	Not while	PLACE OF INJURY (Home, far foctory, street, office bldg., et		ty or town)	(County	r) (S
	saw the decease		hattend 1/4	ed the deceased from	death accurred at 2:	55 to.		1960 Id an the dat	, , , , .
	22c. PHYSICIAN'S	1. X. E	Wee	lianira	M.D. ATTENDING M.D. PHYS. 22d. ADDRESS	AED. DIRECTOR	STAFF PHYS.		22b. DAT SIG 8-15
	NAME (Type)	DR. W. F.		AMS		CENT	RE STREET	, CUMBER	RLAND, M
E	BURIAL, CREMATION REMOVAL (Specify)	900,17	7,1960	Rose Hill 1	Mausoleum	Cui	MERIAN (City, town,	1d	Maryla
24. FI	Louis &	teen In	C.	Comporla	ind, Md DATE	D BY REGIS		STRAR'S SIGNAT	



VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	8691		CERTIFI	CATE	OF DEAT	Н		0	867	9
1. PLACE OF DEATH a. COUNTY	LLEGANY		MARYLA		usual RESIDENCE (Where decease yland	d lived. If institution b. COUNTY		e before od	mission)
b. CITY OR TOWN (If RURAL and give no	outside corporate limi prest ta FRANKL	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (Frankli		orate limits, write R	URAL and g	ive nearest 1	own)
d. NAME OF HOSPITA OR INSTITUTION			WESTERNPOR	RT	BOX 29,		VESTERNPO	RT	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	CHARI	Ës	AUGUSTUS	5 11	INKLER	4. DATE OF DEATH	Mon AU		Doy 5	Year 19 60
5. SEX	6. COLOR OR RACE WHITE	7. MARR	D DIVORCED		ate of Birth aug. 21, 1	885	9. AGE (In years last birthday) yrs.		YEAR IF U	NDER 24 HRS
10a. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired		KIND OF BUSINESS OR ACHINE SHOP	INDUSTRY	11. BIRTHPLACE (SEC MARYL		country)	12.CITIZ	U.S.A	AT COUNTRY
13. FATHER'S NAME JOH	N WINKLER			14	ANNIE	BARNHOU	JSE			
15. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.	17, INFOR	mant 's. Winkle	r, Box	29, RD 1		ternpo	rt, Md
	H WAS CAUSED BY:		ne far (a), (b), and (c).]	0.	. 0 1	0+	2			BETWEEN ND DEATH
Canditians, if or gave rise to in cause (o), stating t	nmediate (athronel	eroti	i Den	the	مند		2	مال
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	'H BUT NOT	RELATED TO THE TER	RMINAL DISEAS	SE CONDITION GIV	'EN IN PART	PE	AS AUTOPSY RFORMED?
20%. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED. (Er	nter nature of injury	in Part I ar Pa	rt II of item 18.)			
ZOc. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	ar 20d. It While at warl	Nat while	factory,	OF INJURY (Hame, fo street, affice bldg.,	etc.)	y ar tawn)	(C	aunty)	(State
sow the deceas	1) attend	ed the deceased f	- /	h accurred on	1959 to M, FST	the causes on	5 196 d	, that (dote sta) (we) las ted above
22a. SIGNATUR	Millian	~7	V. Lesh	M.D.	ATTENDING ATTENDING	MED. DIRECTOR	STAFF PHYS.		8/	22b. DATE 5/60
22c. PHYSICIAN'S NAME (Type)	William	W.	Lesh, M.	D	84 Main	St.,	Western	port	, Md.	
23g. BURIAL, CREMATION REMOVAL (Specify)		DF 1960	23c. NAME OF CEMET	ERY OR CR	EMATORY		sternport		(State)
24. FUNERAL DIRECTOR'S	. //	aton	ADDRESS	lond	25g. RI	AUG 8	TRAR 25b. REGI	STRAR'S SIG		



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; In a. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporata limits, LENGTH OF STAY IN 16 director. YOUN write RURAL and give nearest town) Baltimore Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS retained for 3800 Ravenwood Avenue Miners Hospital 3. NAME OF 4. DATE Middla DECEASED OF duhaniak DEATH (Type or print) with 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 5. SEX 2 with Page 5 may is 1 and 2 will in 72 hours and Female WIDOWED F DIVORCED IDa. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 2 dona during most of working life, avan if retirad) in Item 18. Give Pages 1, Packer File pages 1 FATHER'S NAME form PM3. Margaret Wenck WAS DECEASED EVER IN U.S CAMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyasgiya war or detes of sarvica) with 1B. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), Office along v PART I. DEATH WAS CAUSED BY: Gunshot wf head IMMEDIATE CAUSE (a) NUCK Aspiration of blood (b) gave rise to immadiate causa ra DUE TO (a), stating the underlying cause last. pesn l, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) writing the word very chief Medical Expage 3 should be u 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING Shot during altercation CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, / 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) factory, street, office bldg., atc.) Not Whila bt.1:30A.M. 8/19 150 at work at work Road DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection . death resulted from: Natural causes Accident Suicide Homicide 3 MEDIC should be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S William V. Lovitt, Jr., M.D. NAME (Typa) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OH 240 g Meadowridge burial 24a. REC'D BY REGISTRAR | 24b. VS. A15ME 2 4 '60 Hartord Road

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO T Month Day 1960 August IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months 12. CITIZEN OF WHAT COUNTRY

YES X

DATE SIGNED

NO

3829 Ravenwood INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County) (State)

New Germany Barrett Md. Inquiry and in my opinion

Undetermined manner

8/20/60 22d. LOCATION (City, town, or country)

Colling & Hours

conor boughty of tribe page (Migraelly Stationary) are account 17,78 DEPARTMENT OF EXPLOSED THE Jane 1- Gueralian 362 hours one dies boote to entarranta The to the second of the second Longer L. Hack State And Con Word Land Con Control